



## Quality Management Improvement & Accountability (QMIA)

# YOUTH EMPOWERMENT SERVICES QMIA Quarterly Report, March 2022

SFY 2022, Q2



March 31, 2022



# YES, QMIA Quarterly Report SFY22, Q2

YES QMIA-Q SFY 2022, 2nd Q includes data from October, November, December 2021, and trends for previous SFYs.

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## YES, QMIA Quarterly Report SFY 2022, 2<sup>nd</sup> Q

### Overview of YES QMIA Quarterly (QMIA-Q) Report

The goal of Idaho's Youth Empowerment Services (YES) program is to develop, implement, and sustain a child, youth, and family-driven, coordinated, and comprehensive children's mental health delivery system of care. This enhanced child serving system will lead to improved outcomes for children, youth, and families who are dealing with mental illness.

The Quality Management Improvement and Accountability Quarterly Report (QMIA-Q) is a critical aspect of YES monitoring based on data collected by the YES partners, which includes the Department of Health and Welfare's Divisions of Behavioral Health (DBH), Medicaid, and Family and Community Services (FACS), as well as the Idaho Department of Juvenile Corrections (IDJC), and the Idaho State Department of Education (SDE).

The QMIA-Q is assembled with information about the children, youth, and families accessing mental health care in Idaho primarily through the Medicaid/Optum Network and DBH's Children's Mental Health (CMH) Regional clinics. Most of the data is from Medicaid or DBH as these two child serving systems provide most of the outpatient mental health care for children and youth. Data in the report includes children and youth who have Medicaid, children who do not have insurance and children whose family's income is over the Medicaid Federal Poverty Guideline, children having trouble in school because of mental illness, children under court orders for mental health services including child protection, and children with developmental disabilities and co-occurring mental illness.

The QMIA-Q April 2022 includes data from the second quarter (Q2) of State Fiscal Year (SFY) 2022 (October, November, and December 2021), and trend data from previous SFYs. The QMIA-Q April 2022 includes additional analysis of what the data tells us to assist readers in understanding the data (see boxes labeled "What is this data telling us?")

The QMIA-Q is available publicly on the YES website and delivered to all YES workgroups to support decision making related to plans for YES system improvement by building collaborative systems, developing new services, and creating workforce training plans.

Questions? If information provided within this QMIA-Q creates questions or an interest in additional data collection, please contact [YES@dhw.idaho.gov](mailto:YES@dhw.idaho.gov) with your questions, concerns, or suggestions. For Medicaid-specific questions or concerns, please contact [YESProgram@dhw.idaho.gov](mailto:YESProgram@dhw.idaho.gov).

### QMIA-Q Due dates for SFY 2022

YES QMIA-Q SFY 2022 Timelines	<i>Published on YES Website</i>
1 <sup>st</sup> quarter- July- Sept + Annual YES projected number	January 4 , 2022
2 <sup>nd</sup> quarter- Oct-Dec	March 30, 2022
3 <sup>rd</sup> quarter Jan- March	June 29, 2022
4 <sup>th</sup> quarter and year end April- June and full SFY 2022	September 28, 2022
1 <sup>st</sup> quarter SFY 2023= Annual projected number	Jan 4, 2023



YES, QMIA Quarterly Report SFY 2022, includes data from Q2 of SFY 2022 (October, November, December 2021), and trends from previous SFYs.

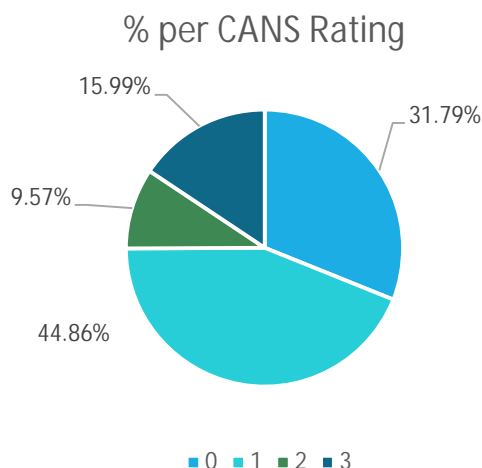
## Executive Summary

For SFY 2022 Q2, the Executive Summary covers data on: Identification and Screening of YES Eligible, YES Outpatient Services Provided, YES Principles of Care, and Outcomes. Additional items included in the Executive Summary updates on Quality Improvement Project.

### Identification and Screening of Potential YES Eligible

SFY 2022, YTD Q1 + Q2

Total number of  
potential Class Members  
identified and screened  
= 5,172



### YES Core Outpatient Services Provided

A recent report published by Centers for Medicare and Medicaid (CMS) on the impact of COVID-19 on the use of services which included specific information about the national changes in use of mental health services. The rate of services for mental health services had not rebounded to pre-COVID-19 levels by August of 2021.

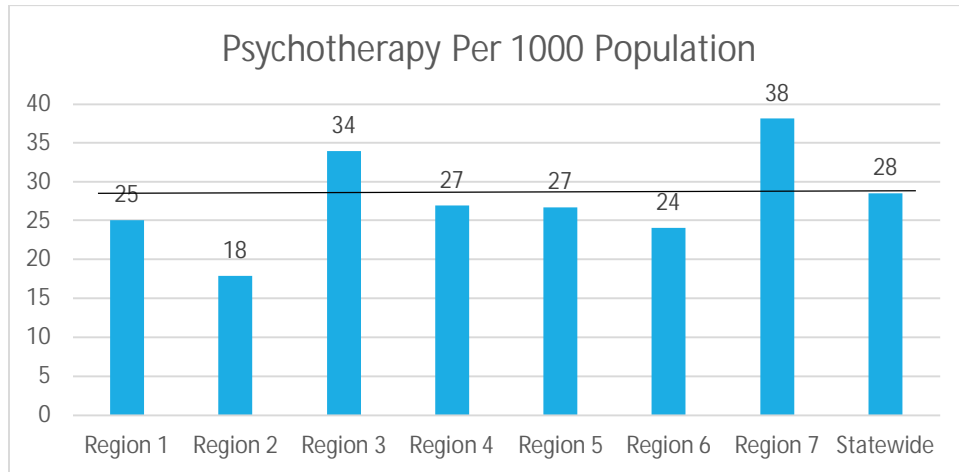
Services provided in SFY 22, Q1 + Q2. Full detail of all YES services in Sections 6 , 7, and 8 of the report.

SFY 2022, YTD (Q1 & Q2)	1	2	3	4	5	6	7	Out of state	Total
	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers
<b>Assessments</b>									
CANS- through Optum	835	198	1,834	2,285	962	805	1,753	17	8,656
Psycho and Neuropsych Testing	96	42	180	205	80	172	297	5	1,075
<b>OP Treatment Services</b>									
Psychotherapy	1,427	464	2,914	3,523	1,602	1,297	2,666	39	13,782
Medication Management	148	150	800	986	285	409	515	6	3,278
Skills Building (CBRS)	102	95	331	520	51	240	714	6	2,032
Targeted Care Coordination (TCC)	24	25	113	217	27	148	448	4	1,005
<b>Support services</b>									
Respite	4	19	3	20	1	48	172	3	566

## New data added to the QMIA-Q

New data added to the QMIA-Q for Q2 includes an analysis of the utilization of psychotherapy services delivered in SFY 2022, Percent of individuals with a 2<sup>nd</sup> CANS, Average Impact of Service, and an example of an analysis of various mental health programs in three regions based on Treatment outcomes on the CANS.

### Utilization of Psychotherapy services per 1000 kids by region for Q1 + Q2



Standardizing data based on regional population size allows for better understanding of gaps across the state. This chart demonstrates the average statewide is 28 out 1,000 children are receiving psychotherapy services. The black line across the middle of the charts represents a visual comparison of the regions compared to the statewide average. Regions 3 and 7 are providing more psychotherapy, Regions 4 and 5 are very close to the statewide average. Regions 1 and 6 are close to the average but Region 2 is far below the average.

### Percentage of Individuals with 2<sup>nd</sup> CANS

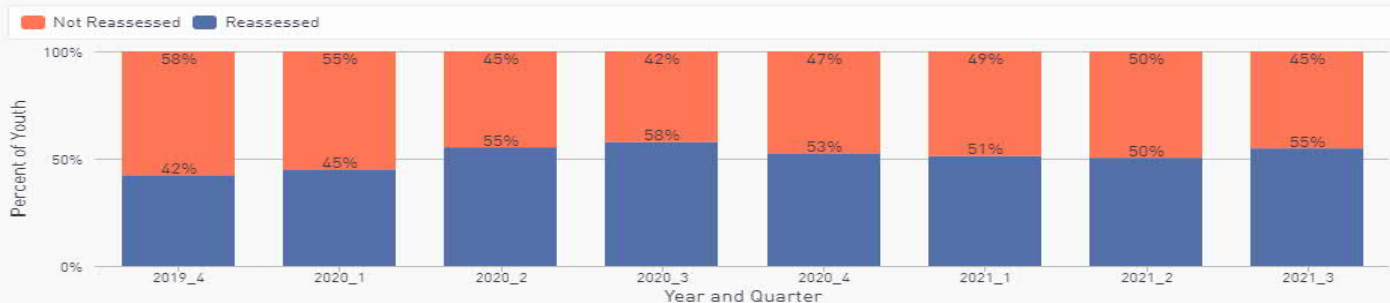
#### **Percent of Individuals with a 2nd CANS**

**Purpose:** This chart displays the percent of individuals that received a second CANS during their Episode of care. This measure can be used as a blunt proxy for engagement, however additional analysis is needed to determine the "expected" amount of reassessment. There are reasons for someone not getting a second CANS that are sensible such as, an individual's needs are met in a short amount of time, or they moved out of state. There are other circumstances that would be less desirable such as the individual is continuing in care but the CANS was not completed, the individual went into a correctional facility or out of state for residential, the individual moved out of state, the individual has opted out of care, or loss of contact with the individual. It is important to note that it is not currently feasible to distinguish any of the reasons listed above using the data.

#### **Data Notes:**

- Each bar represents the percentages of those individuals who received a second assessment compared to those who did not within each quarter.
- An individual is considered "reassessed" if a second CANS is found that occurs between 30 and 150 days (this includes 60 days after the required 90-day reassessment window) after the first CANS within an Episode. Sometimes an individual will have an Initial CANS from the independent assessor followed by another "initial" CANS by the provider a few days later. These are considered part of the Initial CANS which is why a reassessment is considered at least 30 days from the First CANS.

#### **Percent of Individuals with a Second Assessment**



## Average Impact of Services

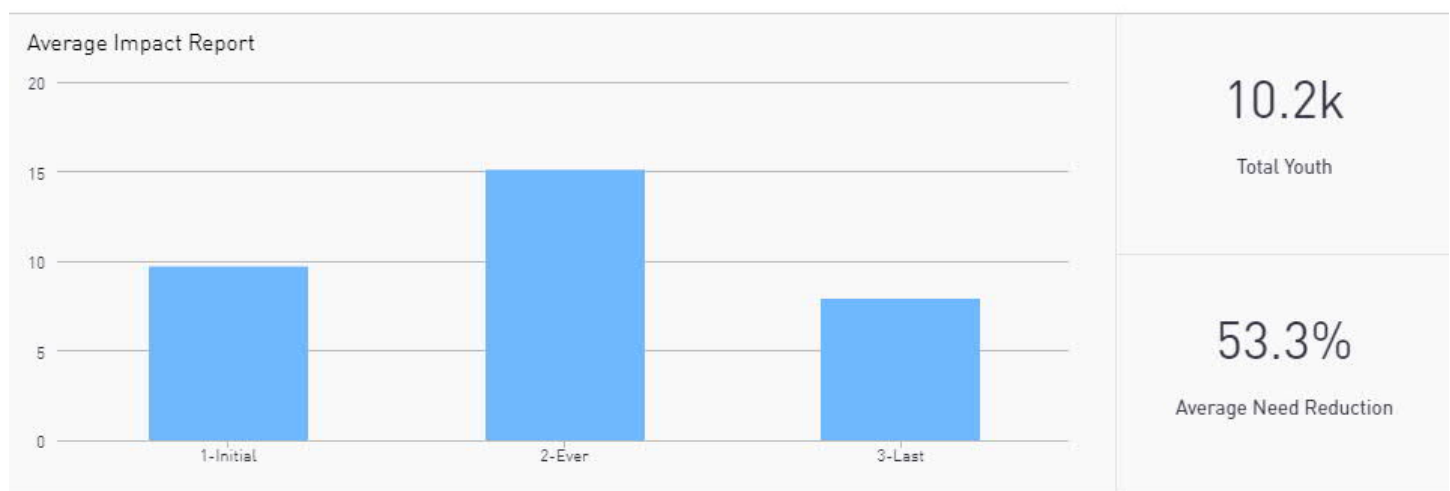
The following chart shows the average impact of services for children and youth who stay in services and who have 3 or more CANS in the system

### Average Impact

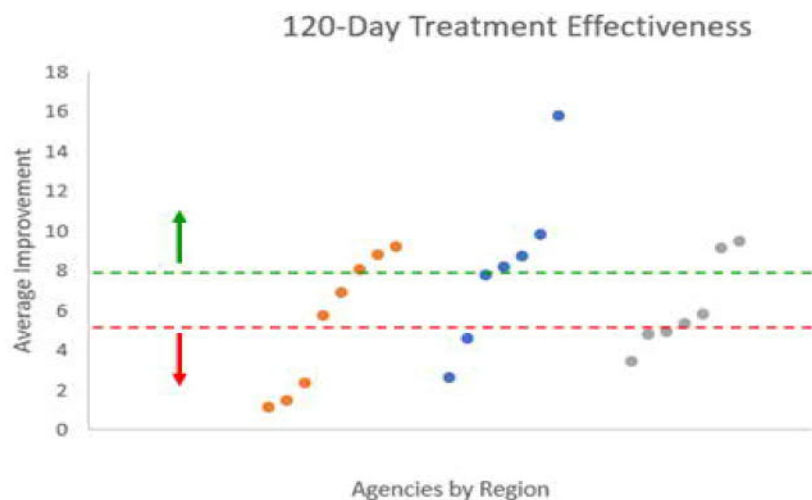
**Purpose:** This chart provides an overview of need reduction over time and can be used to assess the average impact the system of care is having on the individuals it serves.

**Data Notes:**

- This chart only includes individuals that had a first CANS any time on or after 18 months prior to the end of the current reporting quarter. In addition, Individuals on this chart must have received at least 3 CANS and the time difference between the first and last CANS must be greater than 90 days.
- The Average Need Reduction is calculated based on Ever to Last using the formula:  $(\text{Ever} - \text{Last}) / \text{Ever}$ .
- This chart only includes the Behavioral, Caregiver, Culture, Life Functioning and Risk Behaviors domains.



## Example of Analysis of mental health programs in 3 Regions for Quality Review



## YES Quality Improvement Projects

### *Service Availability in all 7 Regions*

The QMIA Council recommendations listed in the QMIA-Q report for YES quality improvement based on data SFY 2021 were reviewed by the Defendants Workgroup (DWG) and a determination was made to focus on the following as a priority:

“YES partners will develop a plan for increasing service availability and access in all 7 regions with a goal to increase access statewide. “

The Council has drafted a Quality Improvement Plan (QIP) to address the recommendation to be delivered to the DWG March 2022. Initial steps in the QIP are to identify the gaps in services across the state and in regions.

### *Crisis and Safety Plans*

Based on a survey in early 2021, 40 percent of families reported that their youth could benefit from a crisis or safety plan but did not receive assistance in planning and 39 percent of families were not confident their plan would be helpful in a crisis. To help families with this need, the Division of Behavioral Health began a quality improvement project to increase the effectiveness and use of crisis and safety plans.

Forms for crisis and safety planning, and other helpful information related to a crisis, were added to the Youth Empowerment Services (YES) website.

A collaborative workgroup of parents and youth, the divisions of Behavioral Health and Family and Community Services, and the Idaho Department of Juvenile Corrections, and SDE created a video for youth and parents about how to create an effective crisis and safety plan. The video is now available in English and Spanish on YouTube and the YES website.

Training for community providers on the creation and use of effective safety planning was provided in three sessions. Attendance at the training was very good with over 300 participants.

We continue to collect data about the issue of Crisis and Safety Plans through the survey sent to families each spring.

### *Hospital Discharge Standard*

A small workgroup has begun research into the development of a Hospital Discharge Standard. The goal is to draft a standard based on policies, guidelines and rules in other states and propose this new standard be adopted by Idaho's community hospitals.

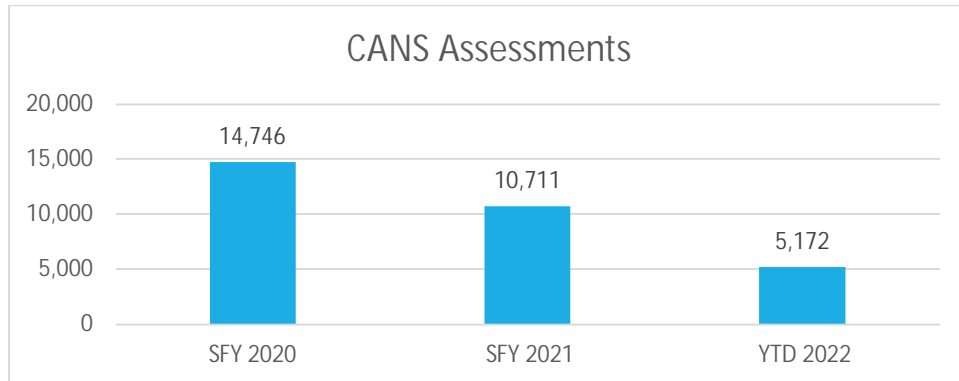


Introduction:

The QMIA-Q for SFY 2022, Q2 includes data regarding the children and youth who received a CANS assessment, utilization of outpatient and 24-hour services, the status of the implementation of YES principles of care and outcomes of care. There have been some changes in how the data is presented that are intended to help the workgroups and stakeholders using the QMIA-Q to more easily understand the data that is included.

1. Screening for Mental Health Needs

*Chart 1: Total Number of Children and Youth Screened for mental health needs*

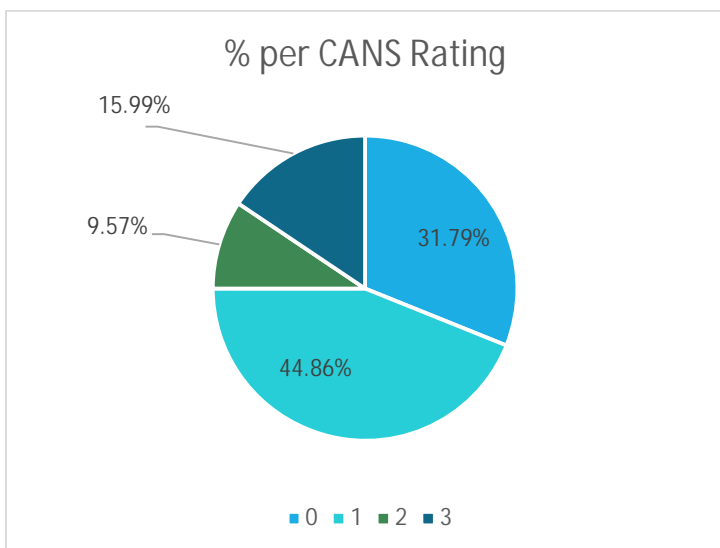


**What is the data telling us?**

The expectation for how many children and youth would be expected each quarter or year to access services through an initial CANS is not yet known and therefore the data currently only tells us that children and youth are being screened and identified as class members. The number of initial CANS completed by quarter will be reported in each successive QMIA-Q so that over time, quarterly and/or annual trends in the number of initial CANS may be established.

2. YES eligible children and youth based on initial CANS

*Chart 2: SFY 2022 (Q2) CANS Rating –*



An algorithm based on the CANS was developed by stakeholders in collaboration with the Praed Foundation for Idaho to support identification of YES members. The algorithm results in an overall rating of 0, 1, 2, or 3. Based on that algorithm, all children who have a CANS rating of "1, 2 or 3" are considered to meet the criteria for eligibility for YES membership. Children and youth with a rating of "0" on the CANS may still have mental health needs and are still provided mental health services but they do not meet the eligibility criteria established in the Jeff D. Settlement Agreement to be considered a class member of the Jeff D. lawsuit.



### What is this data telling us?

Of all the initial CANS completed in SFY 2022 Q2, approximately 70% met the criteria for eligibility for YES class membership (CANS 1, 2, or 3 rating) and 30% did not meet the criteria (CANS rating of 0). The percentages of those found eligible vs. those found not eligible across time continues to be consistent, which indicates that there may be crude reliability in the percentage of children and youth who are assessed who likely qualify for YES class membership (e.g., it is expected that approximately 70% of children accessing mental health services would meet criteria to be YES eligible).

### 3. Characteristics of children and youth assessed using the CANS

The characteristics of the children and youth who were assessed are noted by age, gender, race/ ethnicity, and geographic distribution by county. The goal of assessing those who have received an initial CANS assessment is to identify if there may have been any disparities compared to the population of Idaho or compared to previous years.

#### **CANS by Age:**

Chart 3: SFY 2022 Q2 Ages of children and youth who received an initial CANS

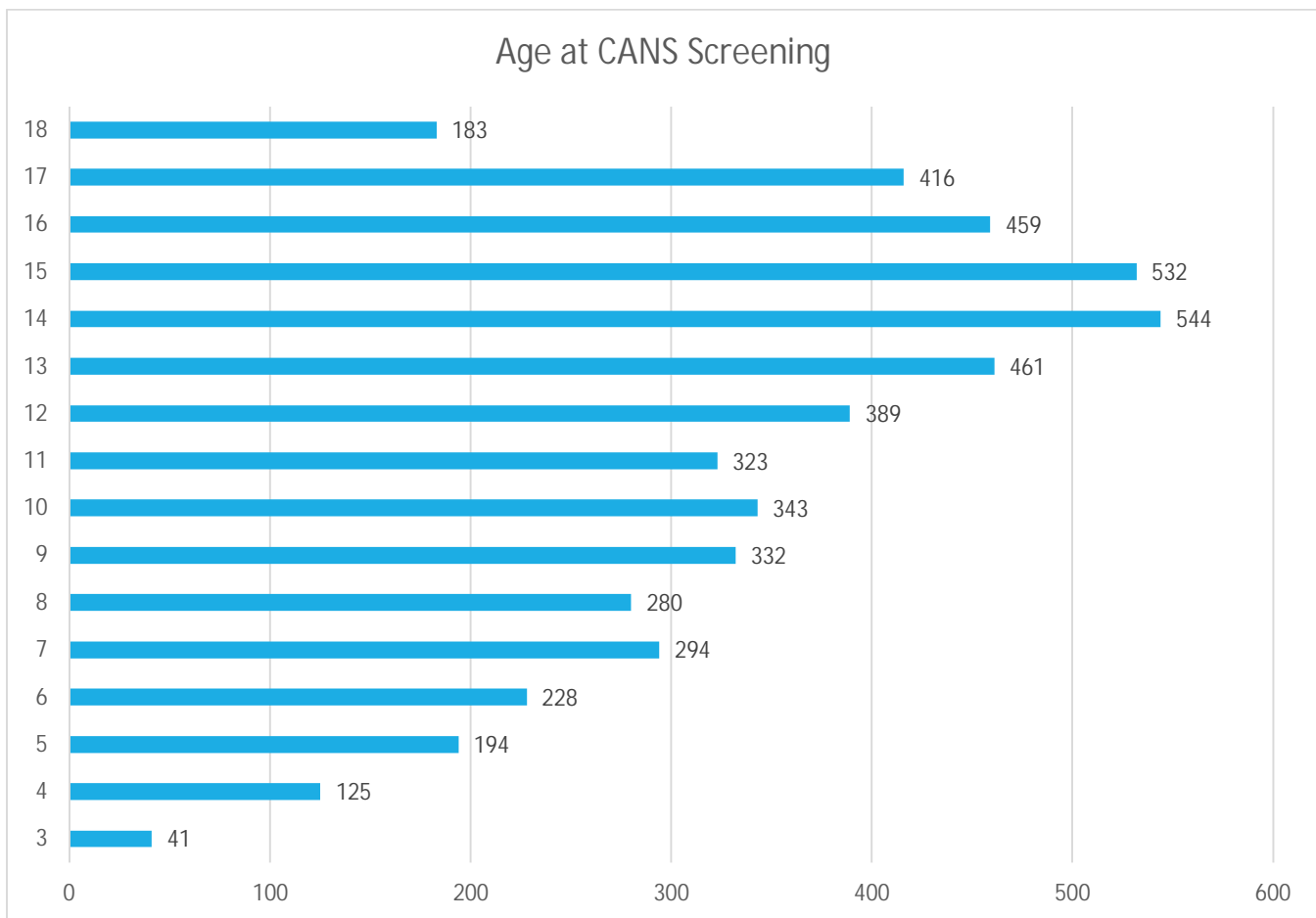
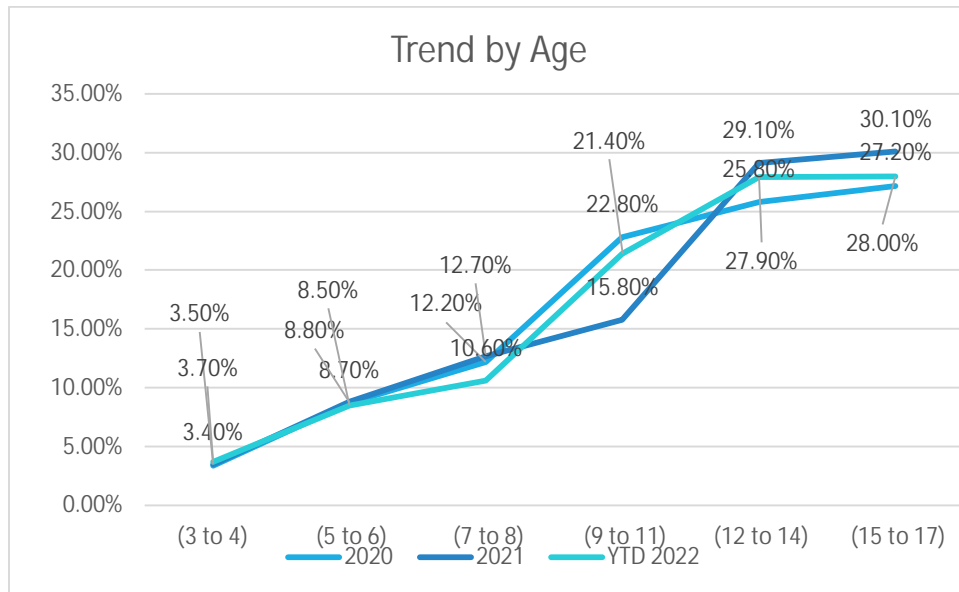


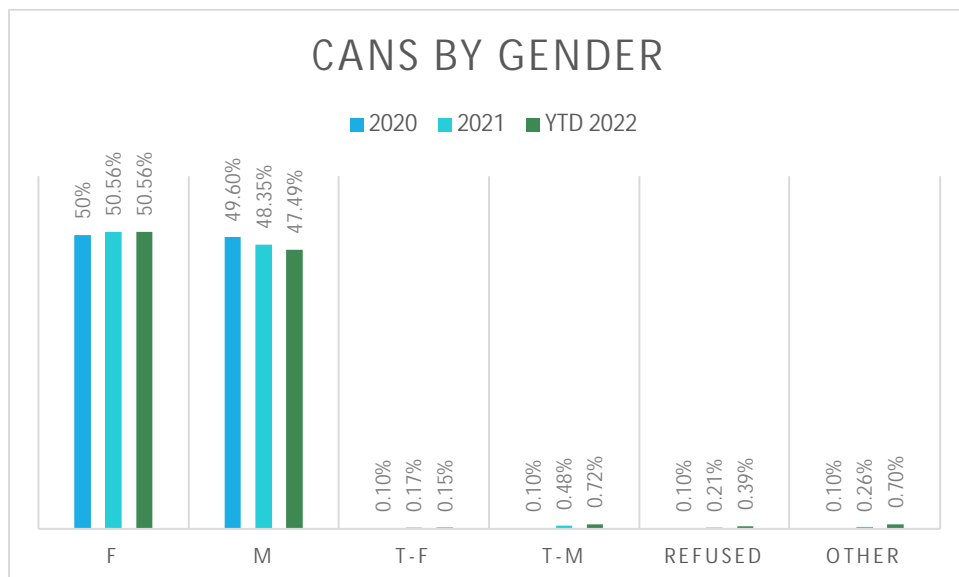
Chart 4: Historical trends: Ages of children and youth who received an initial CANS



### CANS by Gender:

The number and percentage of children and youth based on the initial CANS for SFY 2022 is approximately reflective of the percentages of the state's population.

Chart 5: SFY 2020, 2021 and SFY YTD 2022, Q+ Q2, Gender of children and youth who received a CANS

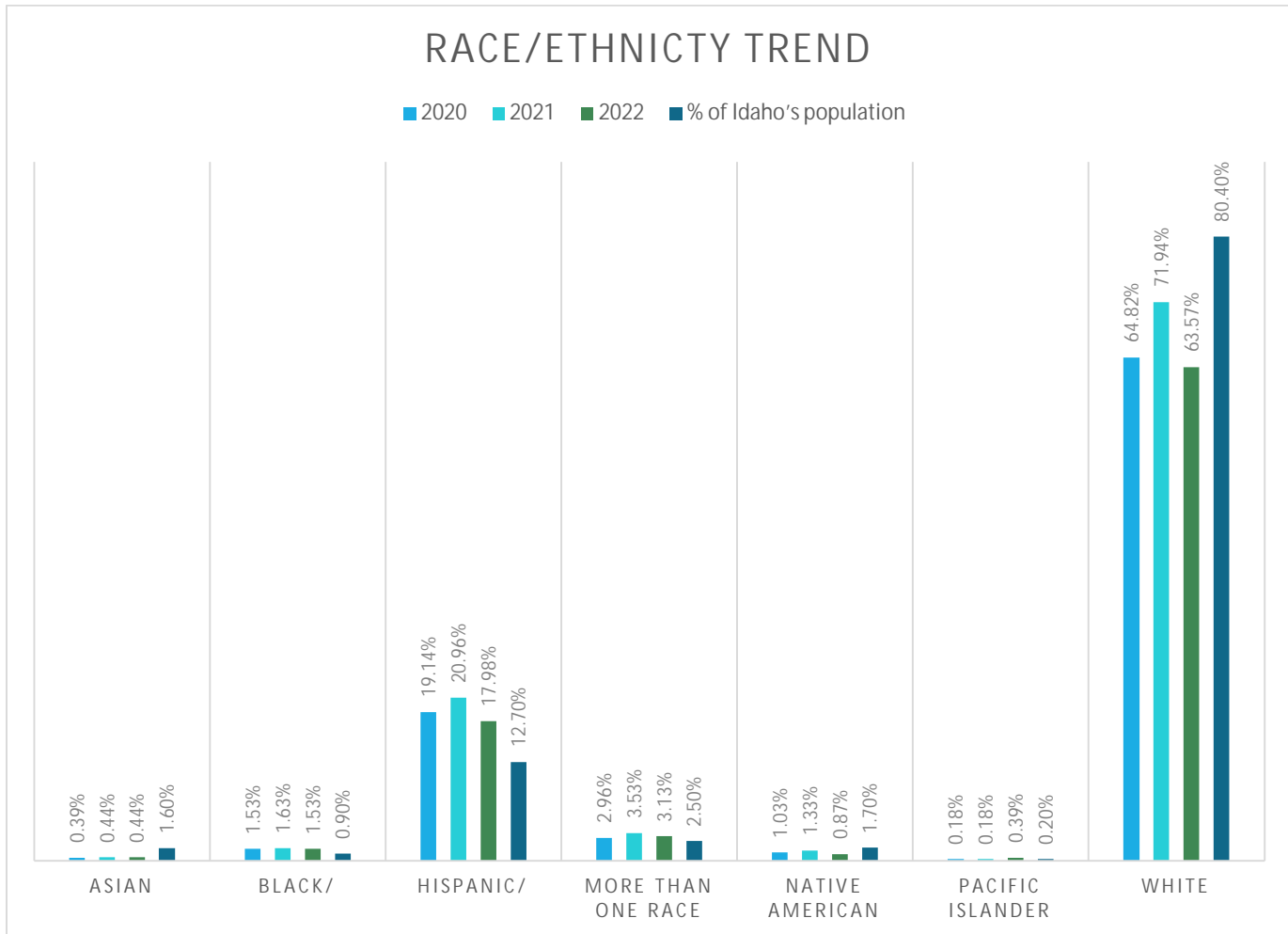


Note: State level census data does not track or report on percentages of Idaho's children and youth identifying as Transgender Male or Female.

## CANS by Race and Ethnicity:

The number and percentage of children and youth based on the initial CANS by Race/Ethnicity for SFY 2021 indicates that there may be some disparities in the children and youth being assessed with the CANS. Black/African American and Hispanic children and youth appear to be assessed at a higher rate than the general population percentage in Idaho. Asian and Native American children and youth appear to be underserved. Also notable is that approximately 15% of CANS that continue to be entered into the CANS tracking system (ICANS) had either unknown or other as the race or ethnicity of the child or youth served.

Chart 6 : Historical Trends; SFY 2021 Race and Ethnicity of children and youth who received an initial CANS:



### What is this data telling us?

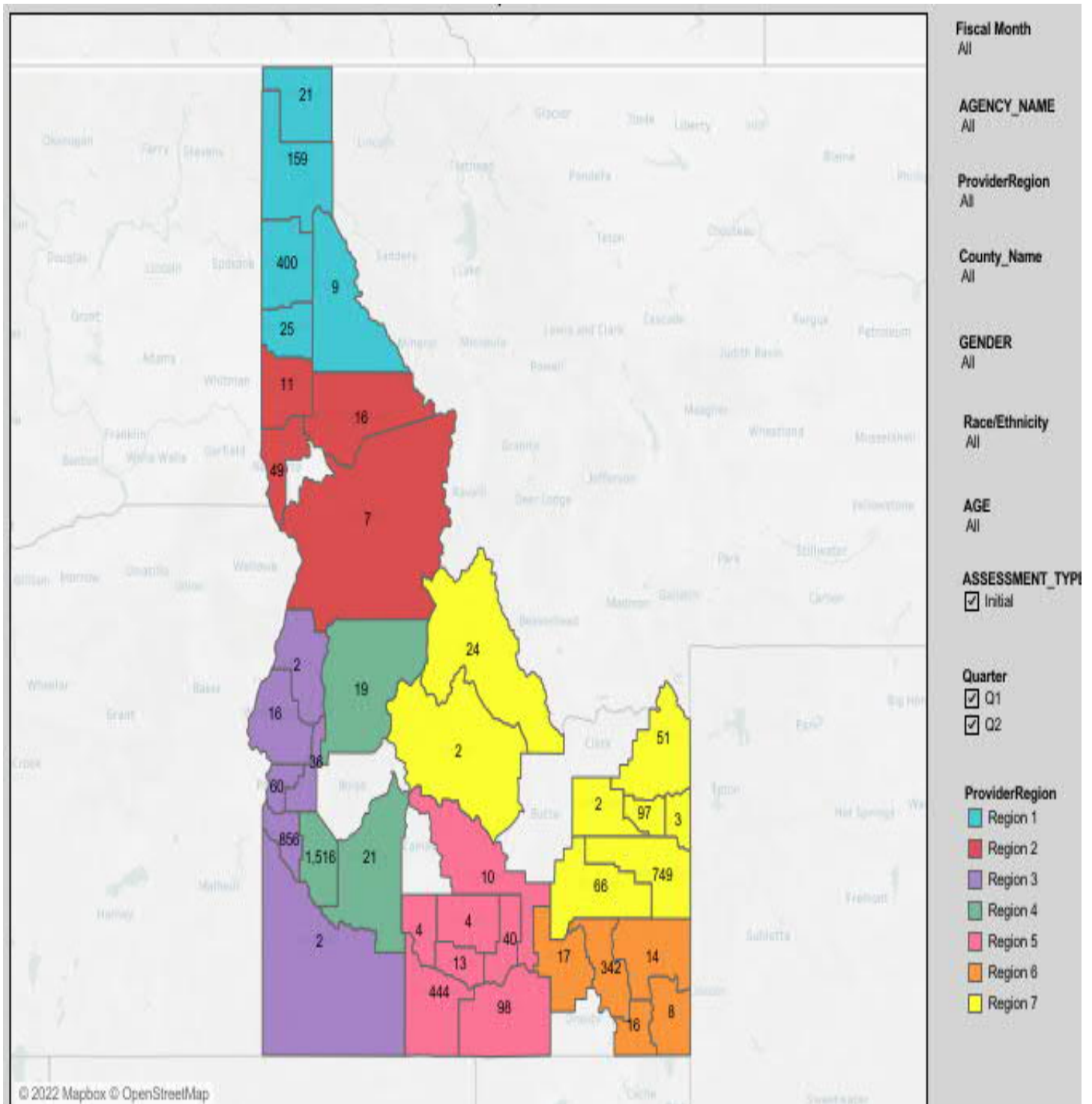
Age- The trend has been very similar over the last 3 years with one noticeable dip in 2021 of 9-11 year old's.

Gender- The trend has been very close to the actual population in Idaho.

Race/Ethnicity- While the trend does not point to any majority disparities (e.g., specific racial or ethnic groups not getting a CANS) there are trends towards certain groups receiving more assessments compared to other populations (e.g., Hispanic).

#### 4: CANS Assessment Geographic Mapping

As can be seen in the map below showing the number based on the initial CANS provided in SFY 2022 YTD (Q1+Q2), there were 6 counties with “0” completed CANS: Boise, Butte, Clark, Camas, Nez Perce, and Oneida. This is an improvement over SFY 2021 when there were 8-10 counties. When compared to regional populations, the gap in CANS assessments is most evident in Region 2. (Map and detail by county from SFY 2021 in Appendix D)



## 5. Medicaid Outpatient Utilization

The following charts (pages 14-55) of outpatient service utilization tend to show an overall decrease in the services utilized beginning in about March of 2020. While the reason why utilization of services has decreased is not confirmed, it is likely this trend is related to the time period since COVID-19 began (March 2020).

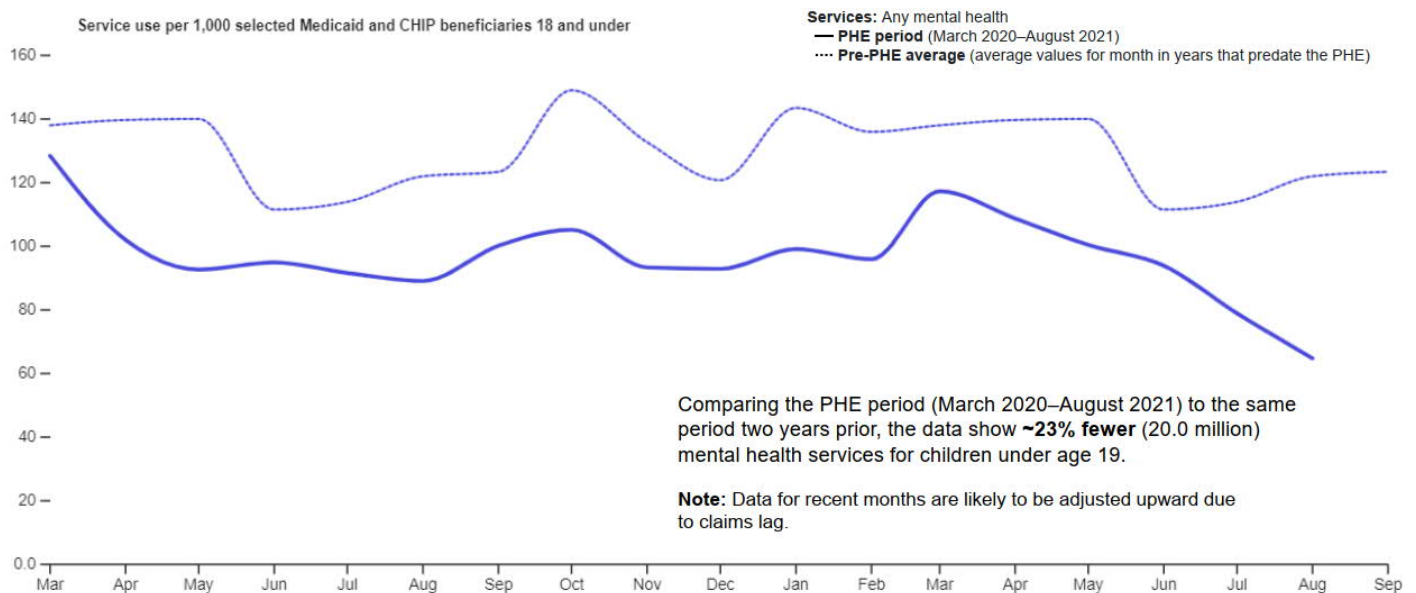
Based on the data below, nationally Medicaid has experienced a decrease of utilization of 23% between March of 2020 and August of 2021.

Idaho has clearly experienced a decrease, but the drop is less than what has been experienced nationally. The actual percentage of the decrease depends on how the drop is calculated. The formula used in this example is the oldest number (158) compared to the newest number (134) which is 15%.

$$134 - 158 / 158 = - 15\%$$

### Data published by CMS

## Preliminary data show the rate of mental health services for children under age 19 declined starting in March 2020 and continue to be lower than prior years' levels through August 2021

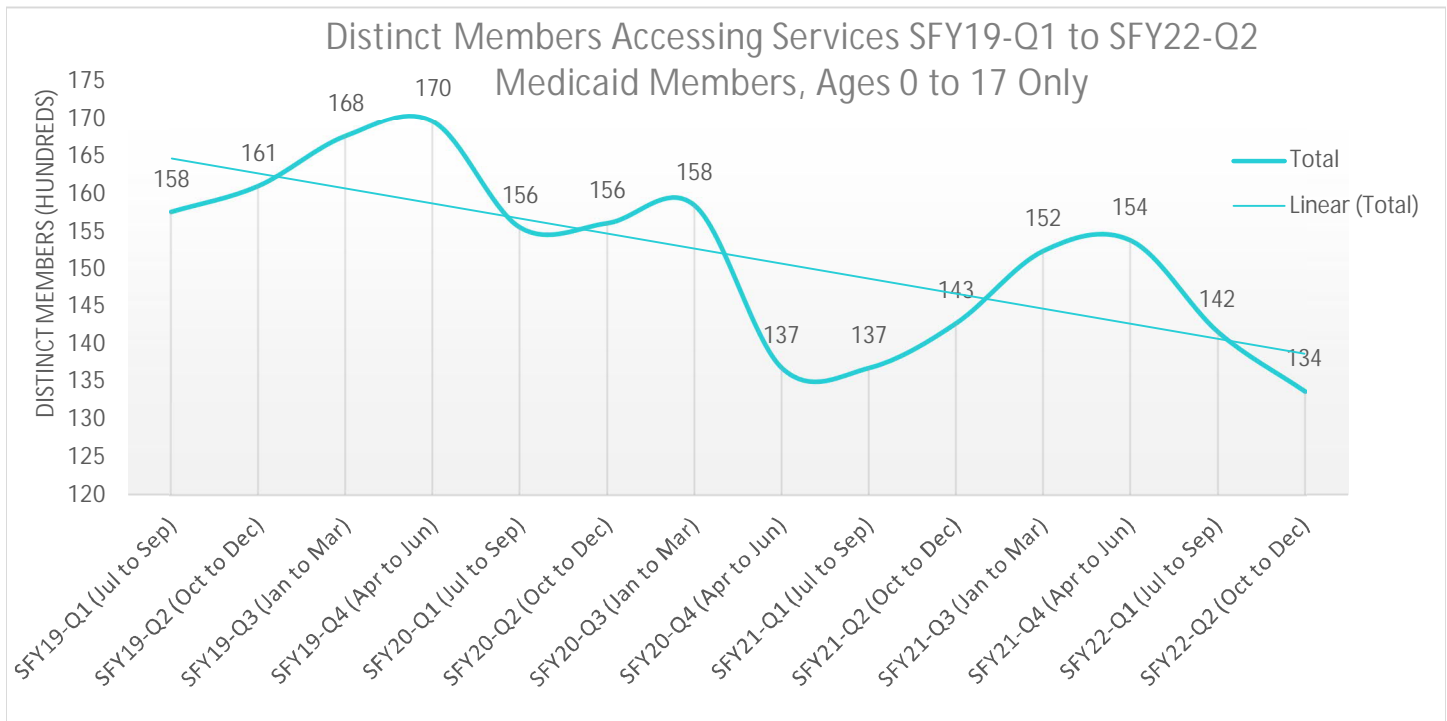


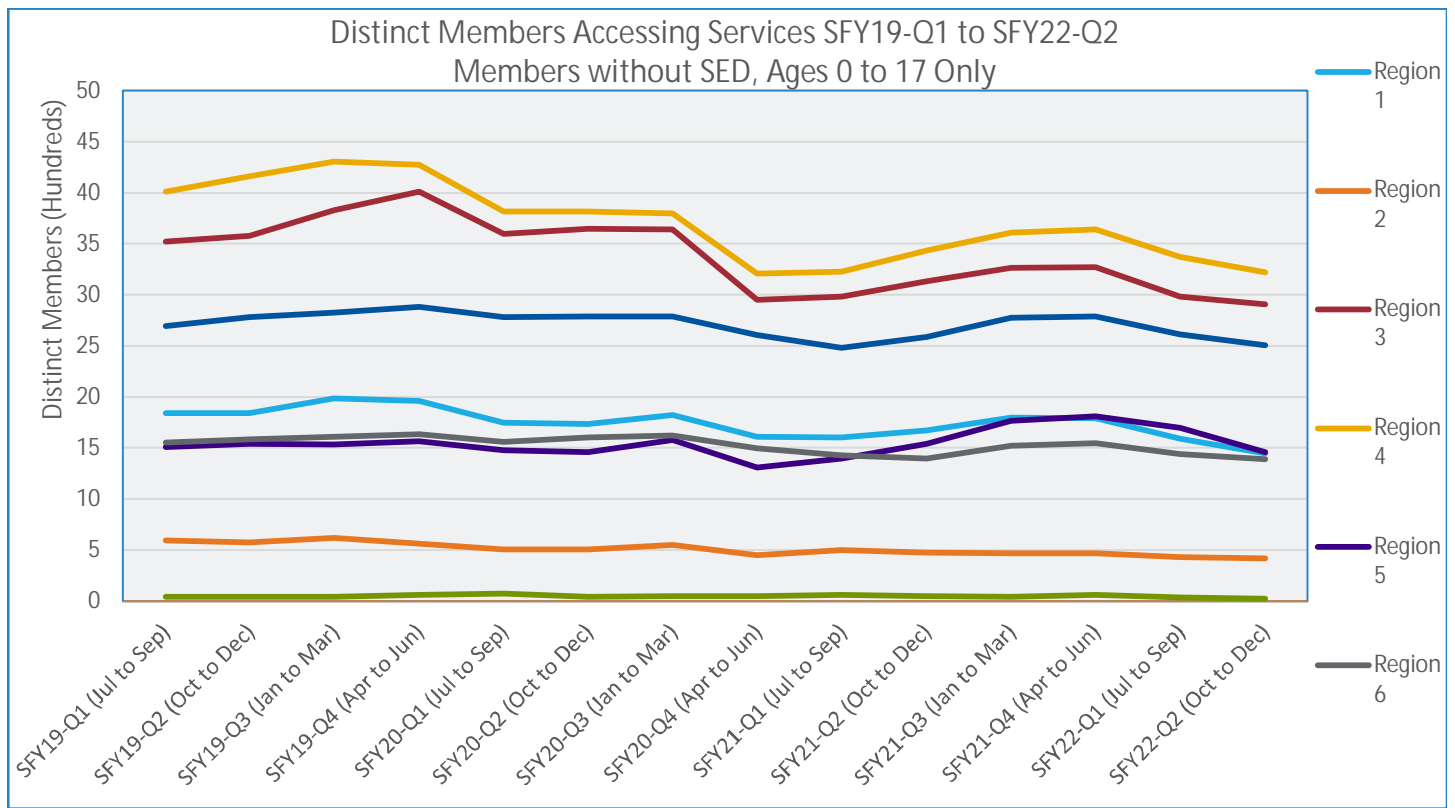
Notes: These data are preliminary. Data are sourced from the T-MSIS Analytic Files v6 in DataConnect using final action claims. They are based on October T-MSIS submissions with services through the end of September. Recent dates of service have very little time for claims runout, and we expect large changes in the results after each monthly update. Because data for September are incomplete, results are only presented through August 31, 2021. The PHE period includes data for March 2020 through August 2021. The pre-PHE average is the average of all values for that month in the years that predate the PHE, including data from January 2018 through February 2020.

**Table 1: All Medicaid Members accessing Services by Quarter - Ages 0 to 17 Only**

Description: This table displays the distinct count of all Medicaid Members (counted by MID) who were NOT identified as 1915 (i). See Table 11 for data by quarter and utilized services at any time between 7/1/2018 to 12/31/2021. Data as of 1/24/2022.

Region.	SFY19 -Q1 (Jul to Sep)	SFY19 -Q2 (Oct to Dec)	SFY19 -Q3 (Jan to Mar)	SFY19 -Q4 (Apr to Jun)	SFY20 -Q1 (Jul to Sep)	SFY20 -Q2 (Oct to Dec)	SFY20 -Q3 (Jan to Mar)	SFY20 -Q4 (Apr to Jun)	SFY21 -Q1 (Jul to Sep)	SFY21 -Q2 (Oct to Dec)	SFY21 -Q3 (Jan to Mar)	SFY21 -Q4 (Apr to Jun)	SFY22 -Q1 (Jul to Sep)	SFY22 -Q2 (Oct to Dec)
1	1,841	1,840	1,985	1,963	1,746	1,736	1,822	1,611	1,605	1,673	1,800	1,788	1,592	1,452
2	594	575	624	560	508	509	547	447	500	475	469	468	432	418
3	3,522	3,579	3,830	4,014	3,595	3,649	3,642	2,953	2,980	3,130	3,265	3,273	2,984	2,907
4	4,009	4,161	4,308	4,275	3,816	3,817	3,798	3,209	3,228	3,433	3,610	3,641	3,372	3,218
5	1,507	1,542	1,536	1,562	1,475	1,456	1,578	1,314	1,398	1,539	1,763	1,815	1,696	1,456
6	1,550	1,584	1,611	1,637	1,558	1,605	1,622	1,497	1,430	1,399	1,520	1,549	1,442	1,392
7	2,694	2,778	2,828	2,885	2,778	2,790	2,785	2,607	2,484	2,586	2,774	2,785	2,612	2,506
OO S	40	42	44	64	74	45	49	49	62	46	40	59	34	24
<b>Total</b>	<b>15,757</b>	<b>16,101</b>	<b>16,766</b>	<b>16,960</b>	<b>15,550</b>	<b>15,607</b>	<b>15,843</b>	<b>13,687</b>	<b>13,687</b>	<b>14,281</b>	<b>15,241</b>	<b>15,378</b>	<b>14,164</b>	<b>13,373</b>



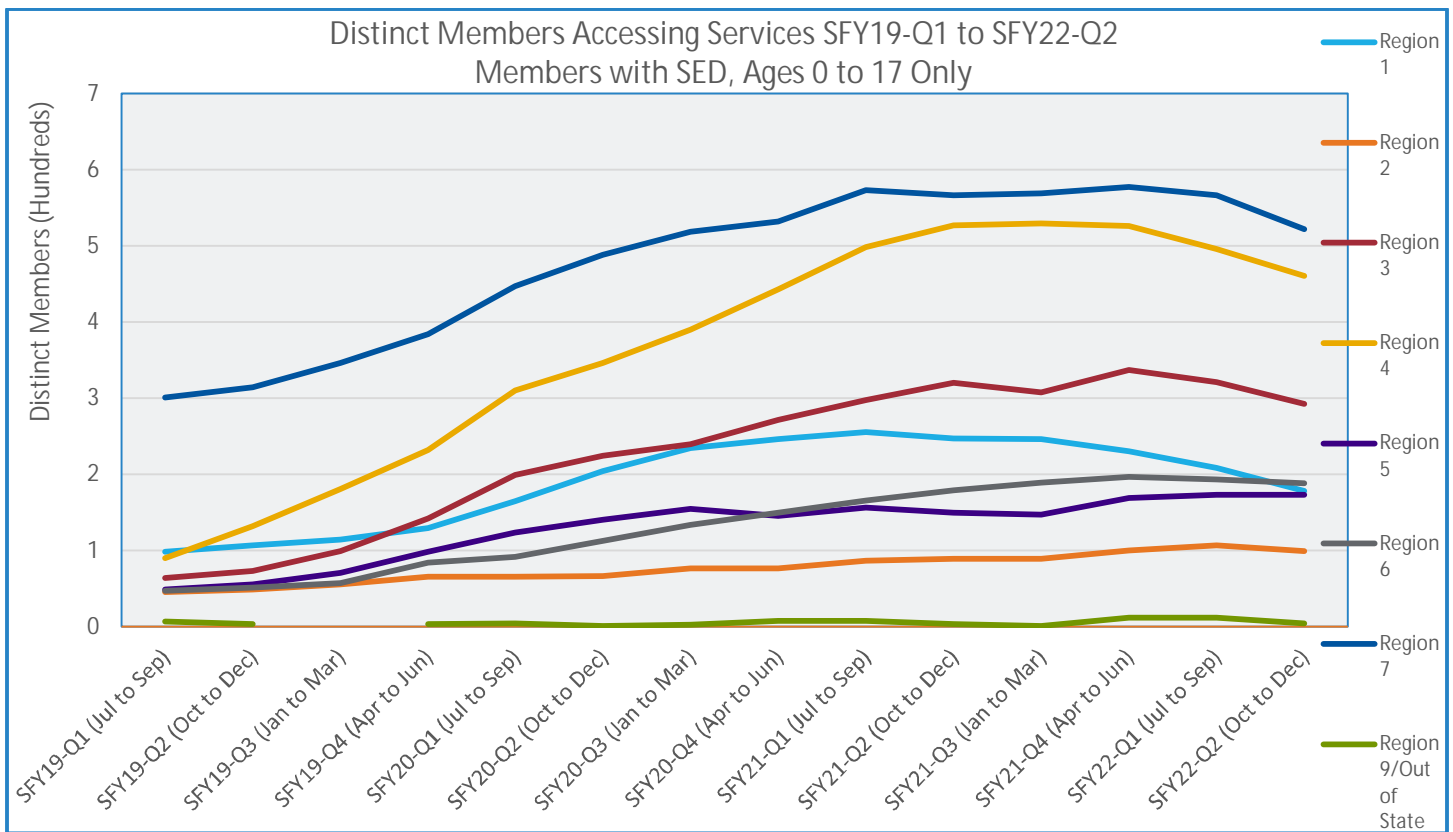
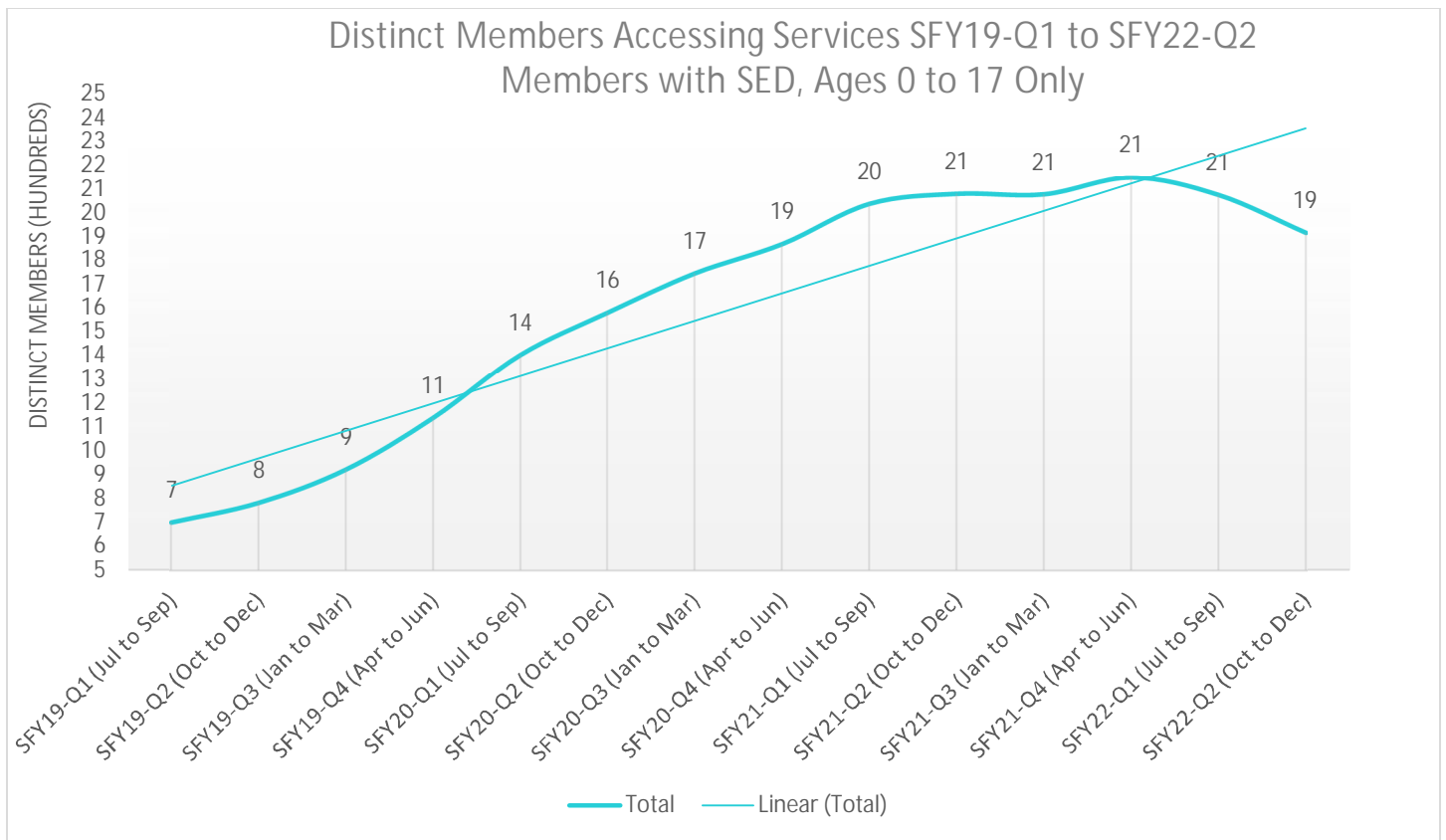


**Table 2: 1915 (i) Waivered Medicaid Members Accessing Services by Quarter - Ages 0 to 17 Only**

Description: This table displays the distinct count of Medicaid Members, who have been identified as having and SED under the 1915 (i) waiver and who utilized mental health services between 7/12018 to 12/31/2021. Data as of 1/24/2022.

Region.	SFY19-Q1 (Jul to Sep)	SFY19-Q2 (Oct to Dec)	SFY19-Q3 (Jan to Mar)	SFY19-Q4 (Apr to Jun)	SFY20-Q1 (Jul to Sep)	SFY20-Q2 (Oct to Dec)	SFY20-Q3 (Jan to Mar)	SFY20-Q4 (Apr to Jun)	SFY21-Q1 (Jul to Sep)	SFY21-Q2 (Oct to Dec)	SFY21-Q3 (Jan to Mar)	SFY21-Q4 (Apr to Jun)	SFY22-Q1 (Jul to Sep)	SFY22-Q2 (Oct to Dec)
1	98	106	114	129	164	204	234	246	256	247	246	230	208	178
2	45	48	55	65	65	66	76	76	86	89	89	100	107	99
3	64	73	99	142	199	224	239	271	297	320	307	337	321	292
4	90	132	180	232	310	346	390	443	498	527	530	526	496	460
5	49	55	70	98	123	140	154	145	156	149	147	169	173	173
6	47	51	57	84	91	112	133	149	165	179	189	197	193	188
7	301	314	346	384	447	488	518	532	573	566	569	578	566	522
<b>Totals</b>	6	3		3	4	1	2	7	7	3	1	12	11	4
<b>Total</b>	700	782	921	1,137	1,403	1,581	1,746	1,869	2,038	2,080	2,078	2,149	2,075	1,916



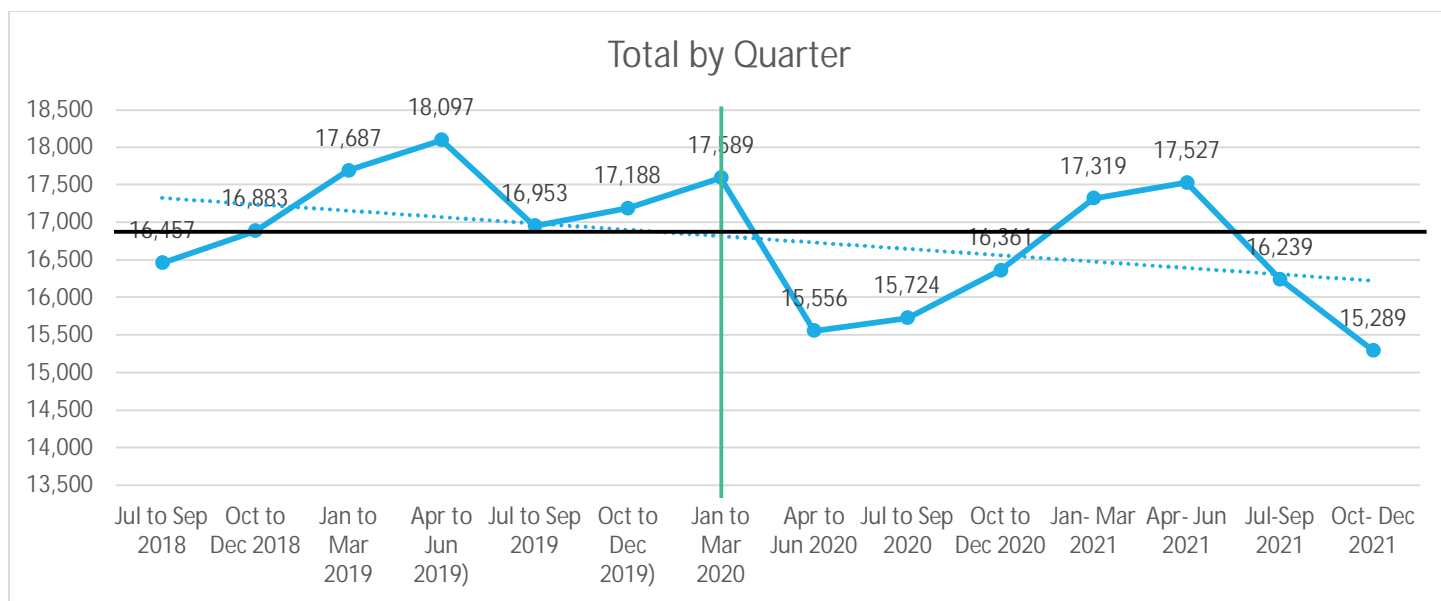


## Total number of children and youth served with Outpatient services

The following table combines the number of unduplicated children and youth who received Medicaid via the 1915(i) waiver and those with other types of Medicaid (regular Medicaid, Foster Care Medicaid, etc.) who accessed mental health services in each quarter in from Q1 2019 through Q2 of 2022. Data as of 1/24/22.

Table 3: Table 1 and 2 data combined for total number of Medicaid members served

	Jul to Sep 2018	Oct to Dec 2018	Jan to Mar 2019	Apr to Jun 2019	Jul to Sep 2019	Oct to Dec 2019	Jan to Mar 2020	Apr to Jun 2020	Jul to Sep 2020	Oct to Dec 2020	Jan-Mar 2021	Apr-Jun 2021	Jul-Sep 2021	Oct-Dec 2021
Total Medicaid	15,757	16,101	16,766	16,960	15,550	15,607	15,843	13,687	13,686	14,281	15,241	15,378	14,164	13,373
Total 1915(i)	700	782	921	1,137	1,403	1,581	1,746	1,869	2,038	2,080	2,078	2,149	2,075	1,916
Total by Quarter	16,457	16,883	17,687	18,097	16,953	17,188	17,589	15,556	15,724	16,361	17,319	17,527	16,239	15,289



### What is this data telling us?

The overall trend over the past 14 quarters has been that fewer children and youth overall have received outpatient services (dotted blue line), although there have been substantive trends towards increases following the previous 2 drops. During the time period from March 2020 on (green vertical line) access has been markedly impacted by COVID-19 but there has been a trend to increasing access for 5 quarters in a row. The bold black line indicates the median value over the past 14 quarters and while there is not a statistically significant trend for an increase or decrease, there does appear to be a mild pattern of access dropping during summer months.

*Table 4: Summary of Utilization of YES OP Services Provided by the Optum Medicaid Network by Region*

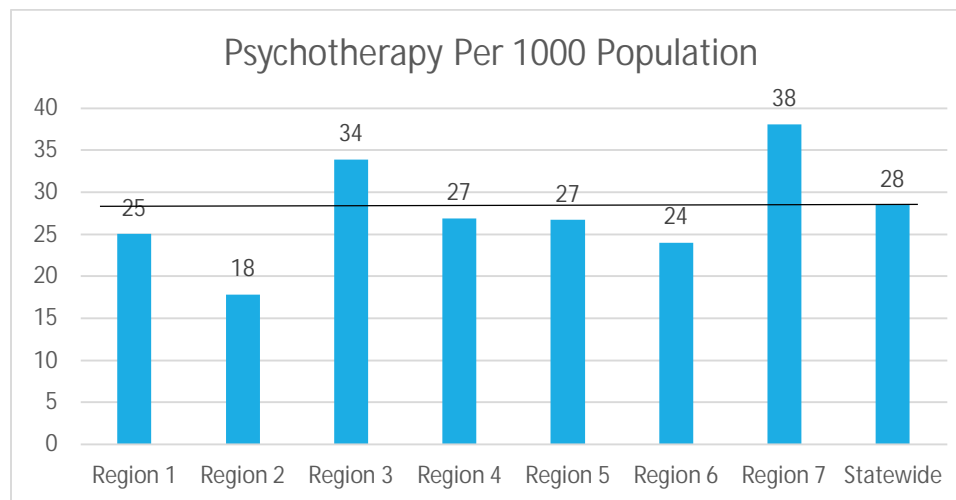
The following table is a brief overview of the utilization of services covered by Optum through Q2 of SFY 2022. Find detail of all YES services covered through Optum follow on pages 19-54.

SFY 2022, YTD (Q1 & Q2)	1	2	3	4	5	6	7	Out of state	Total
	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers
<b>Assessments</b>									
CANS- Billed through Optum	835	198	1,834	2,285	962	805	1,753	17	8,656
Psychological and Neuropsychological Testing	96	42	180	205	80	172	297	5	1,075
Behavior ID Assessment	37	0	9	41	0	0	0	0	87
<b>OP Treatment Services</b>									
Psychotherapy	1,427	464	2,914	3,523	1,602	1,297	2,666	39	13,782
Medication Management	148	150	800	986	285	409	515	6	3,278
Skills Building (CBRS)	102	95	331	520	51	240	714	6	2,032
Targeted Care Coordination (TCC)	24	25	113	217	27	148	448	4	1,005
Substance Use Services	37	4	72	62	109	49	142	2	474
Adaptive Behavior	43	0	8	27	0	0	0	0	78
Skills Training and development (STAD)	0	29	0	1	82	12	51	1	174
Child and Family Interdisciplinary Team (CFIT)	28	16	17	47	35	33	57	0	233
Crisis Intervention	23	10	26	17	20	18	110	1	224
Partial Hospitalization (PHP)	0	0	55	85	6	4	7	0	157
Day Treatment	0	0	2	4	19	3	20	1	48
Intensive Home and Community Based Services (IHCBS)	0	0	1	7	11	13	1	0	260
<b>Support services</b>									
Respite	4	19	3	20	1	48	172	3	566
Youth Support Services	4	16	47	155	86	47	62	2	415
Family Psychoeducation	11	0	3	14	66	7	7	0	108

#### **What is this data telling us?**

While YES services are expected to be available Statewide, there are several services in some regions that are not being utilized. This gap seems most apparent in Regions 1 and 2 in the more intensive outpatient services, partial Hospitalization, Day Treatment, and Intensive Home and Community Based Services. However, it appears that there are minimal services in other regions as well.

## Utilization of Psychotherapy services per 1,000 kids by region for SFY 2022 Q1 & Q2



### **What is this data telling us?**

Standardizing data based on regional population size allows for better understanding of gaps across the state. This chart demonstrates the average statewide is 28 out of 1,000 children are receiving psychotherapy services. The black line across the middle of the charts represents a visual comparison of the regions compared to the statewide average. Regions 3 and 7 are providing more psychotherapy, Regions 4 and 5 are very close to the statewide average. Regions 1 and 6 are close to the average but Region 2 is far below the average.

## Outpatient Service Utilization – Detail by service and region

The following tables display distinct number of members served through the Medicaid Network between the ages of 0 and 17, by quarter who utilized the indicated service between 7/1/2018 and 9/30/2021. Total distinct utilizer count represents an unduplicated (distinct) count of utilizers for the given state fiscal year across all quarters and/or regions combined. Data as of 1/24/2022.

Services are categorized as either:

- Assessment
- Outpatient
- Support

Additional analysis of the data is included for the core outpatient services based on projected number needing services or comparison to median quarterly number served: CANS, Psych and Neuro-Psych testing, Psychotherapy, Medication Management, and CBRs.

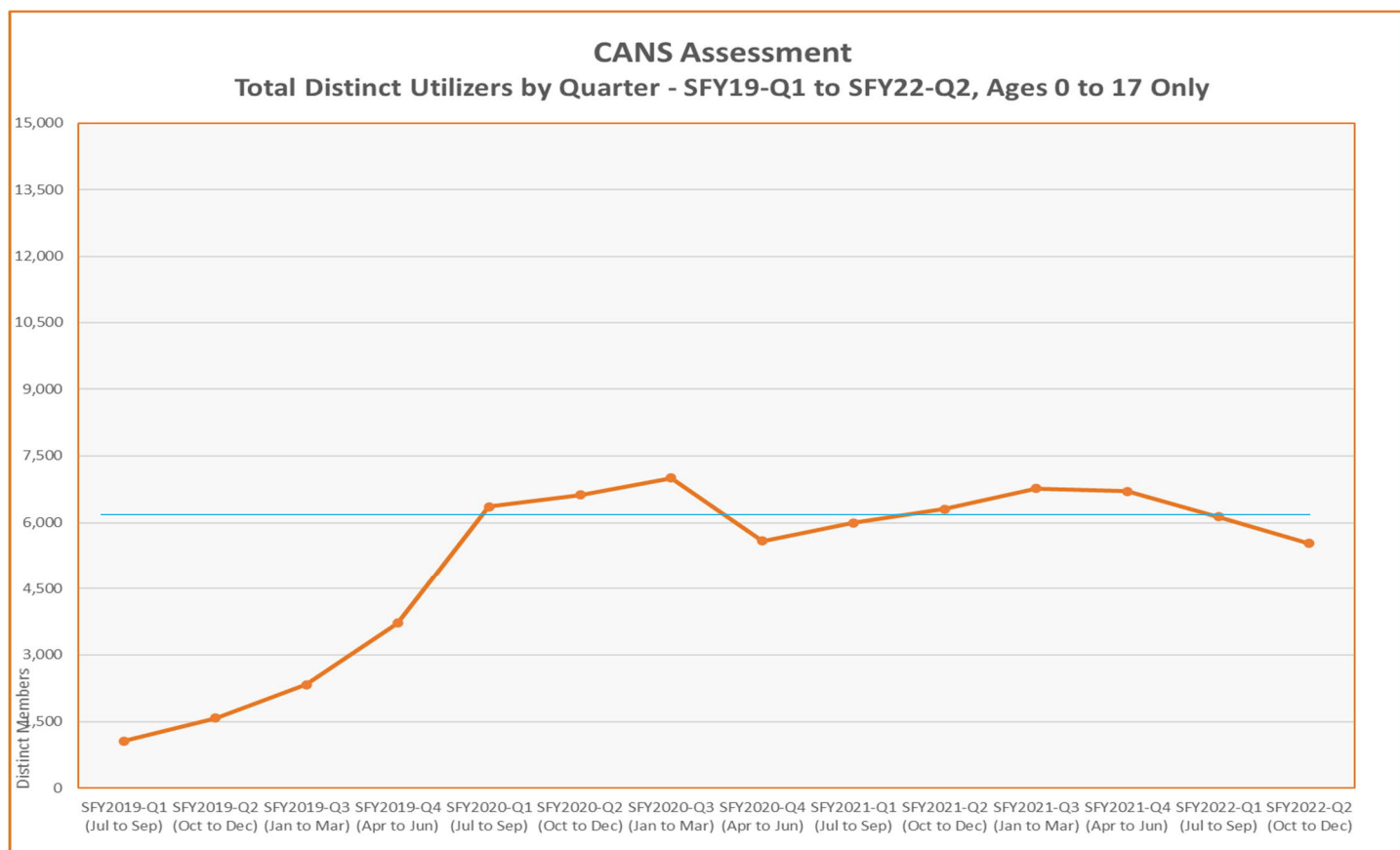
Services that are not covered by Optum are noted in Section 6, 7 and 8

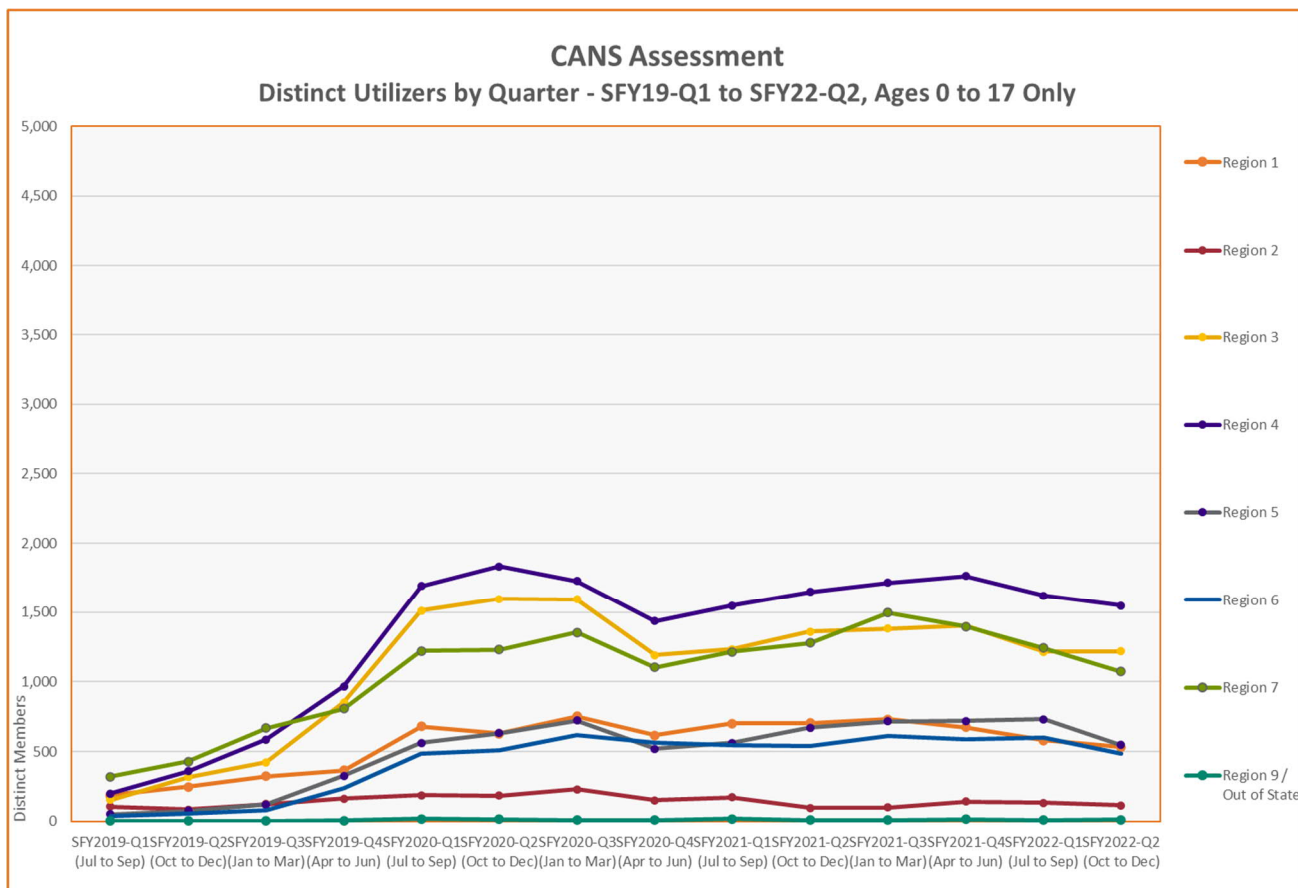
Note: Data on utilization is based on claims made by providers. Providers have several months to claim payment for the services and therefore the data reported does get updated in each quarter. The change varies by service but ranges between a 3% change from one quarter to the following quarter, to less than 1% from one year to the previous year.

## Assessment Services

### Child and Adolescent Needs and Strengths (CANS) Assessment

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 9 / Out of State	Total
Service Date SFY-Qtr	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers
SFY2019-Q1 (Jul to Sep)	189	107	155	199	52	37	322	2	1,063
SFY2019-Q2 (Oct to Dec)	248	85	317	361	77	55	429	4	1,576
SFY2019-Q3 (Jan to Mar)	324	123	424	586	120	82	669	3	2,329
SFY2019-Q4 (Apr to Jun)	367	163	853	969	327	235	808	5	3,724
SFY2019 Distinct Total Utilizers	736	308	1,180	1,365	489	321	1,402	10	5,779
SFY2020-Q1 (Jul to Sep)	682	187	1,511	1,690	563	487	1,222	19	6,357
SFY2020-Q2 (Oct to Dec)	629	185	1,597	1,832	631	507	1,230	16	6,626
SFY2020-Q3 (Jan to Mar)	752	229	1,594	1,726	724	618	1,356	8	7,005
SFY2020-Q4 (Apr to Jun)	616	151	1,192	1,436	520	564	1,104	8	5,590
SFY2020 Distinct Total Utilizers	1,421	423	3,168	3,589	1,405	1,199	2,682	35	13,772
SFY2021-Q1 (Jul to Sep)	701	173	1,233	1,550	564	546	1,217	18	5,997
SFY2021-Q2 (Oct to Dec)	706	97	1,360	1,647	673	540	1,280	9	6,308
SFY2021-Q3 (Jan to Mar)	731	101	1,382	1,715	717	613	1,497	9	6,764
SFY2021-Q4 (Apr to Jun)	676	142	1,402	1,763	720	591	1,398	16	6,700
SFY2021 Distinct Total Utilizers	1,402	326	2,730	3,494	1,562	1,274	2,811	44	13,455
SFY2022-Q1 (Jul to Sep)	582	132	1,216	1,622	731	599	1,244	9	6,131
SFY2022-Q2 (Oct to Dec)	534	116	1,220	1,548	548	487	1,073	11	5,535
SFY2022 Distinct Total Utilizers	835	198	1,834	2,285	962	805	1,753	17	8,656





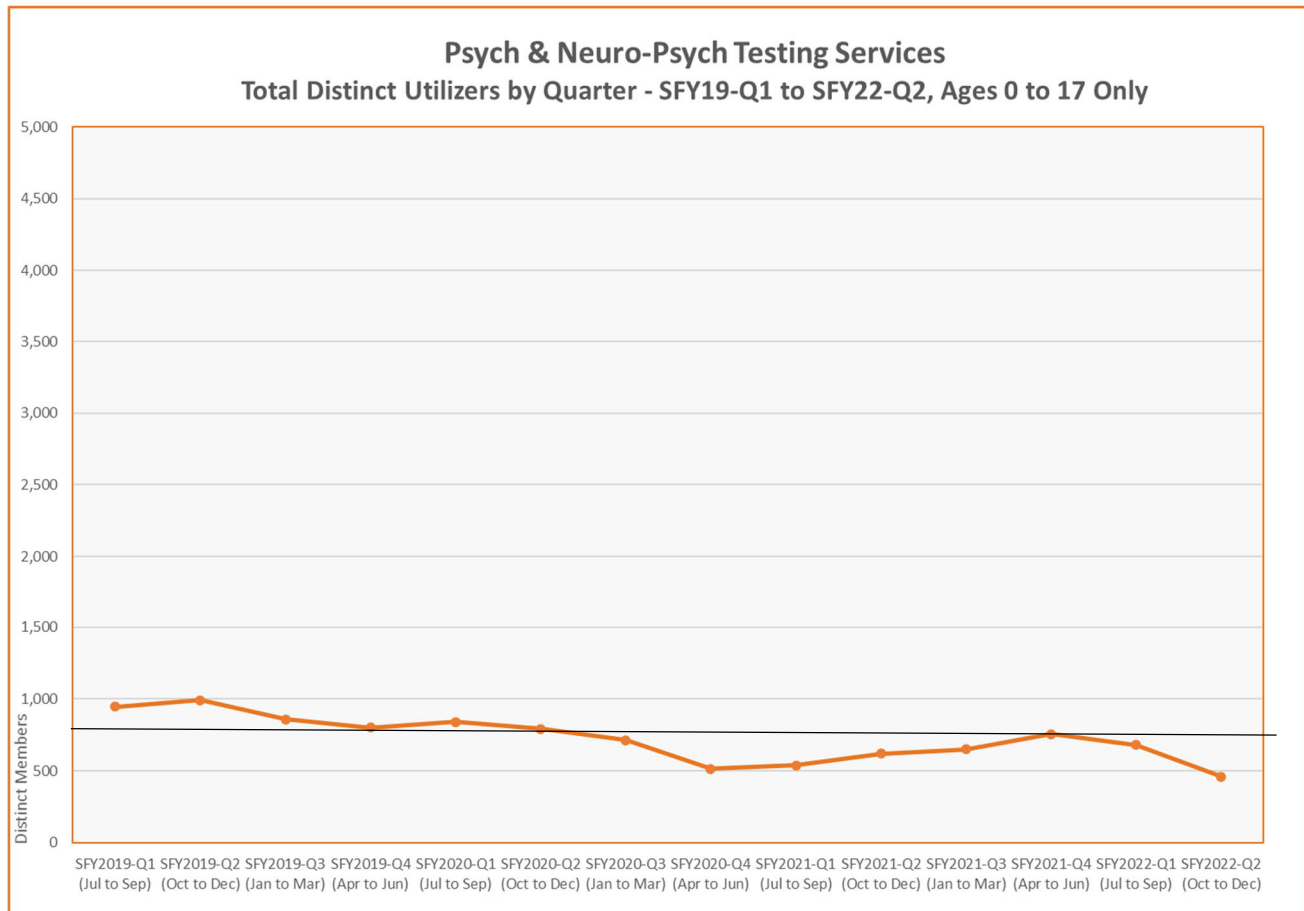
### What is the data telling us?

The number of CANS claimed quarterly to Medicaid since July of 2020 has been fairly stable with a median value of 6,064. There have been minor increases and decreases but no substantial trends. There still may be children and youth who are not being assessed using the CANS, and therefore unidentified need.

**Note:** This CANS data is based on Medicaid claims data and includes claims for both initial and updated CANS, which is why this CANS data does not match the data on CANS noted earlier in this report.

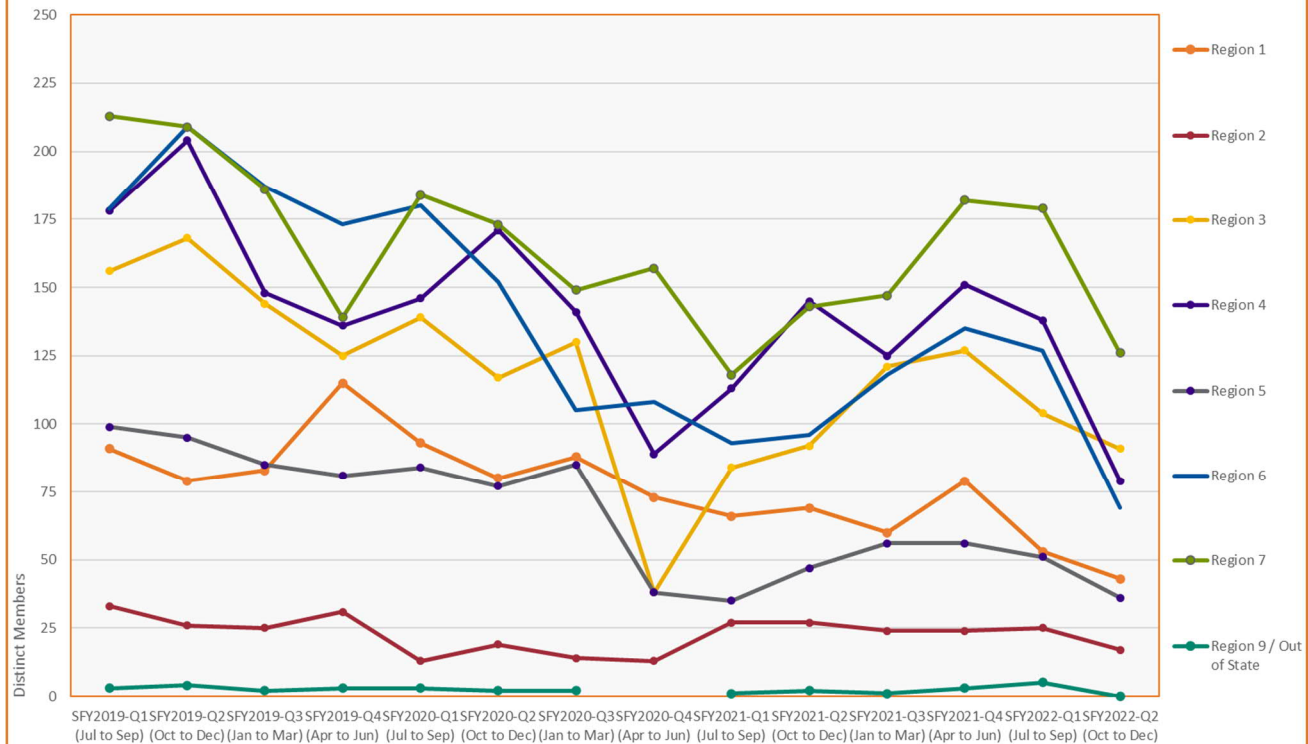
## Psychological & Neuropsychological Testing Services

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 9 / Out of State	Total
Service Date SFY-Qtr	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers
SFY2019-Q1 (Jul to Sep)	91	33	156	178	99	179	213	3	947
SFY2019-Q2 (Oct to Dec)	79	26	168	204	95	209	209	4	993
SFY2019-Q3 (Jan to Mar)	83	25	144	148	85	187	186	2	859
SFY2019-Q4 (Apr to Jun)	115	31	125	136	81	173	139	3	801
SFY2019 Distinct Total Utilizers	359	100	545	622	326	567	624	12	3,142
SFY2020-Q1 (Jul to Sep)	93	13	139	146	84	180	184	3	842
SFY2020-Q2 (Oct to Dec)	80	19	117	171	77	152	173	2	791
SFY2020-Q3 (Jan to Mar)	88	14	130	141	85	105	149	2	714
SFY2020-Q4 (Apr to Jun)	73	13	38	89	38	108	157		515
SFY2020 Distinct Total Utilizers	330	57	404	528	254	462	645	7	2,685
SFY2021-Q1 (Jul to Sep)	66	27	84	113	35	93	118	1	537
SFY2021-Q2 (Oct to Dec)	69	27	92	145	47	96	143	2	620
SFY2021-Q3 (Jan to Mar)	60	24	121	125	56	118	147	1	651
SFY2021-Q4 (Apr to Jun)	79	24	127	151	56	135	182	3	756
SFY2021 Distinct Total Utilizers	271	85	401	511	163	372	552	7	2,359
SFY2022-Q1 (Jul to Sep)	53	25	104	138	51	127	179	5	680
SFY2022-Q2 (Oct to Dec)	43	17	91	79	36	69	126	0	461
SFY2022 Distinct Total Utilizers	96	42	180	205	80	172	297	5	1,075





### Psych & Neuro-Psych Testing Services Distinct Utilizers by Quarter - SFY19-Q1 to SFY22-Q2, Ages 0 to 17 Only



#### What is this data telling us?

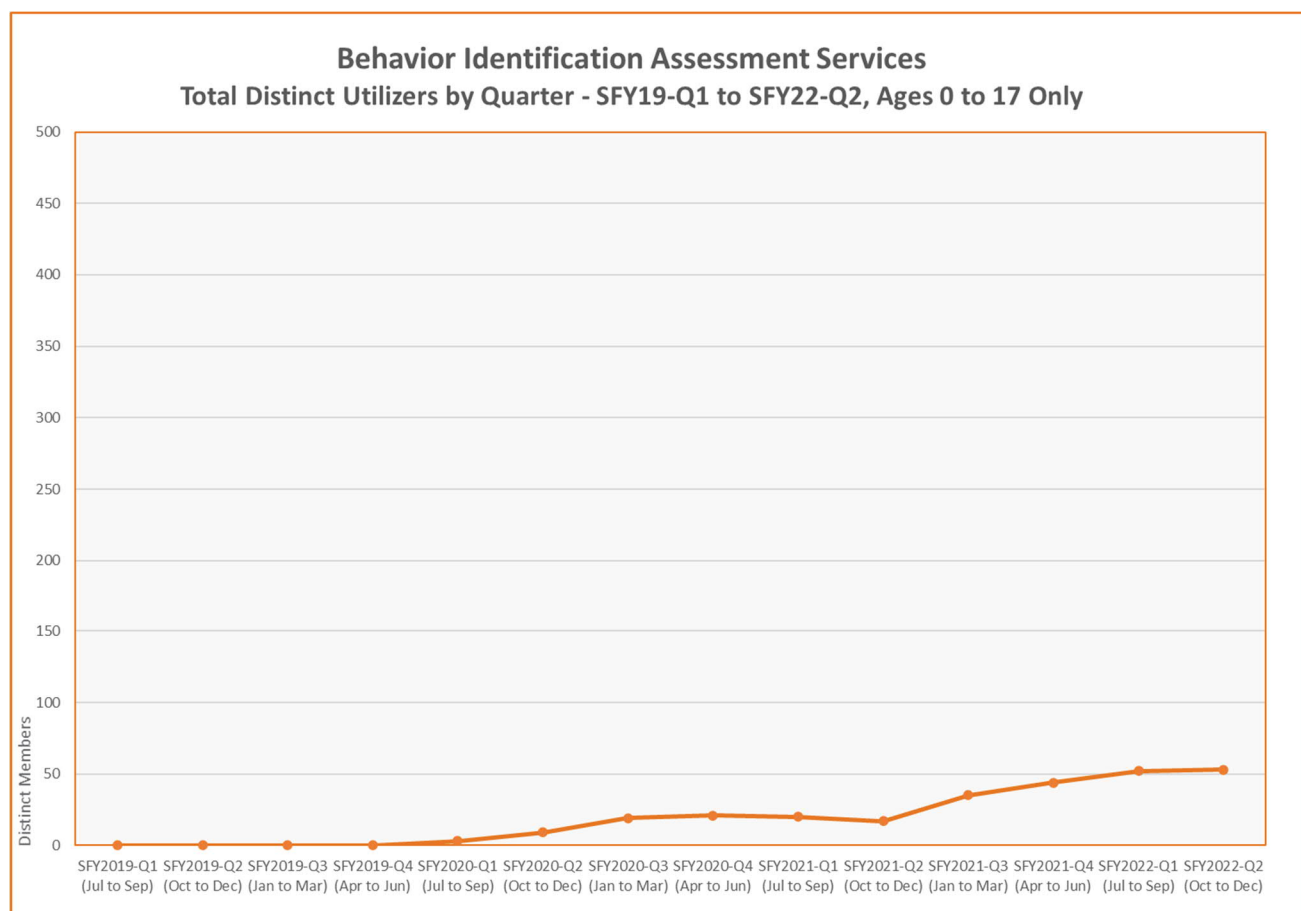
There is little or no research indicating a predicted number of children and youth who should have a psychological or neuropsychological assessment.

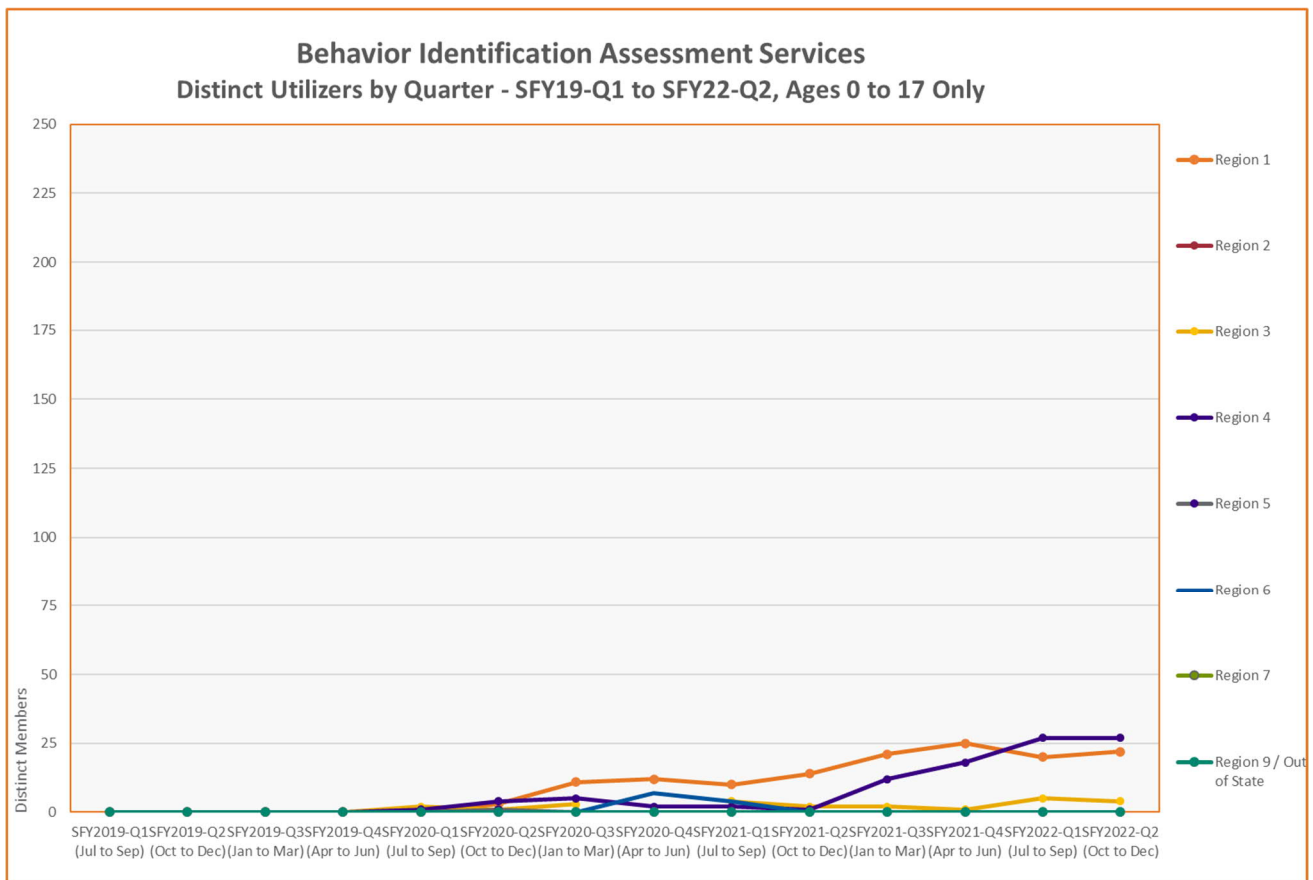
The number of psychological and neuropsychological assessments has varied over the 14 quarters and overall, the trend appears to be fewer assessments - however the median value is 735 per quarter so toward the end of SFY 2021 the number provided was above the median, but access has dropped in SFY 2022.

Regional variation over time has been dramatic with most regions appearing to trend down except for Region 2.

## Behavior Identification Assessment Services

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 9 / Out of State	Total
Service Date SFY-Qtr	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers
SFY2019-Q1 (Jul to Sep)	0	0	0	0	0	0	0	0	0
SFY2019-Q2 (Oct to Dec)	0	0	0	0	0	0	0	0	0
SFY2019-Q3 (Jan to Mar)	0	0	0	0	0	0	0	0	0
SFY2019-Q4 (Apr to Jun)	0	0	0	0	0	0	0	0	0
SFY2019 Distinct Total Utilizers	0	0	0	0	0	0	0	0	0
SFY2020-Q1 (Jul to Sep)	0	0	2	1	0	0	0	0	3
SFY2020-Q2 (Oct to Dec)	3	0	1	4	1	0	0	0	9
SFY2020-Q3 (Jan to Mar)	11	0	3	5	0	0	0	0	19
SFY2020-Q4 (Apr to Jun)	12	0		2	0	7	0	0	21
SFY2020 Distinct Total Utilizers	23	0	4	9	1	7	0	0	44
SFY2021-Q1 (Jul to Sep)	10	0	4	2	0	4	0	0	20
SFY2021-Q2 (Oct to Dec)	14	0	2	1	0	0	0	0	17
SFY2021-Q3 (Jan to Mar)	21	0	2	12	0	0	0	0	35
SFY2021-Q4 (Apr to Jun)	25	0	1	18	0	0	0	0	44
SFY2021 Distinct Total Utilizers	51	0	7	28	0	4	0	0	90
SFY2022-Q1 (Jul to Sep)	20	0	5	27	0	0	0	0	52
SFY2022-Q2 (Oct to Dec)	22	0	4	27	0	0	0	0	53
SFY2022 Distinct Total Utilizers	37	0	9	41	0	0	0	0	87





#### What is this data telling us?

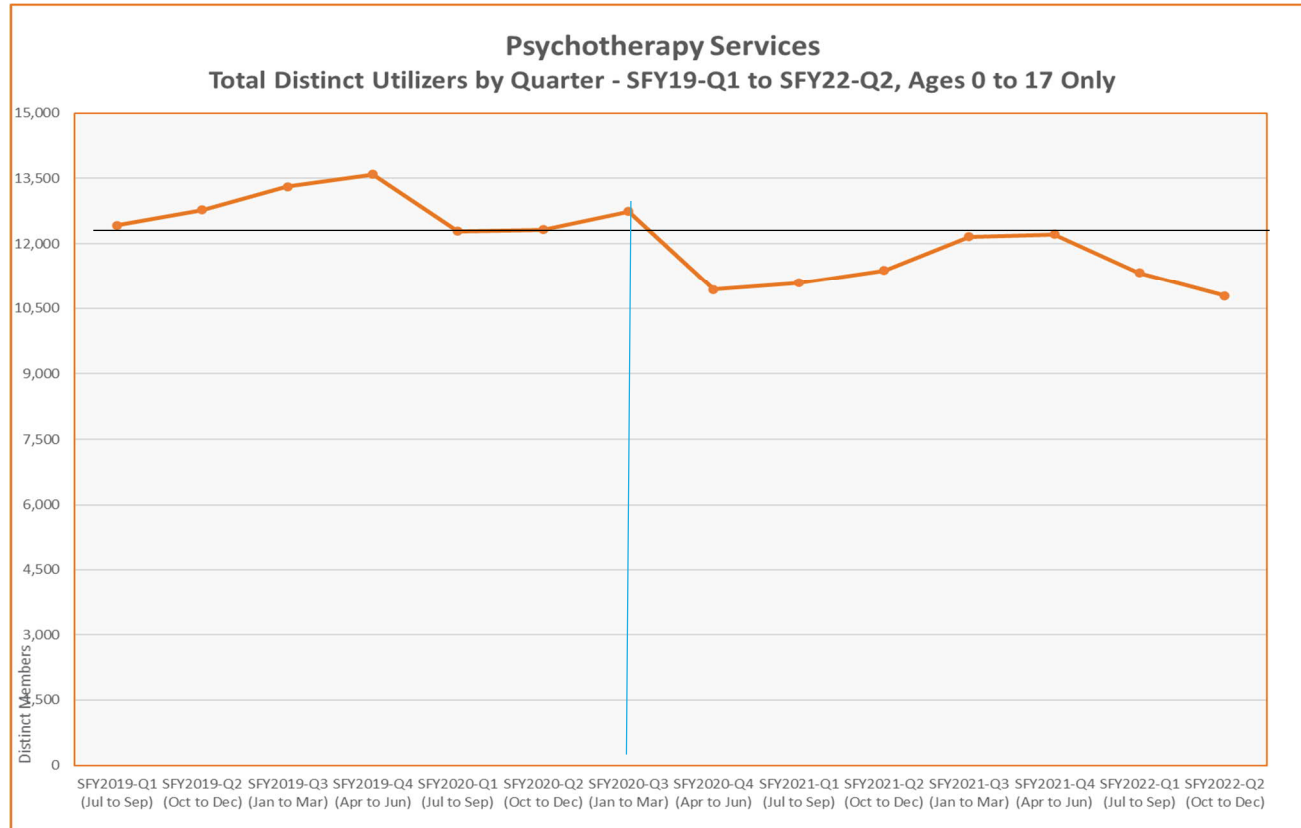
There is no research indicating expected need for Behavior Identification Assessment.

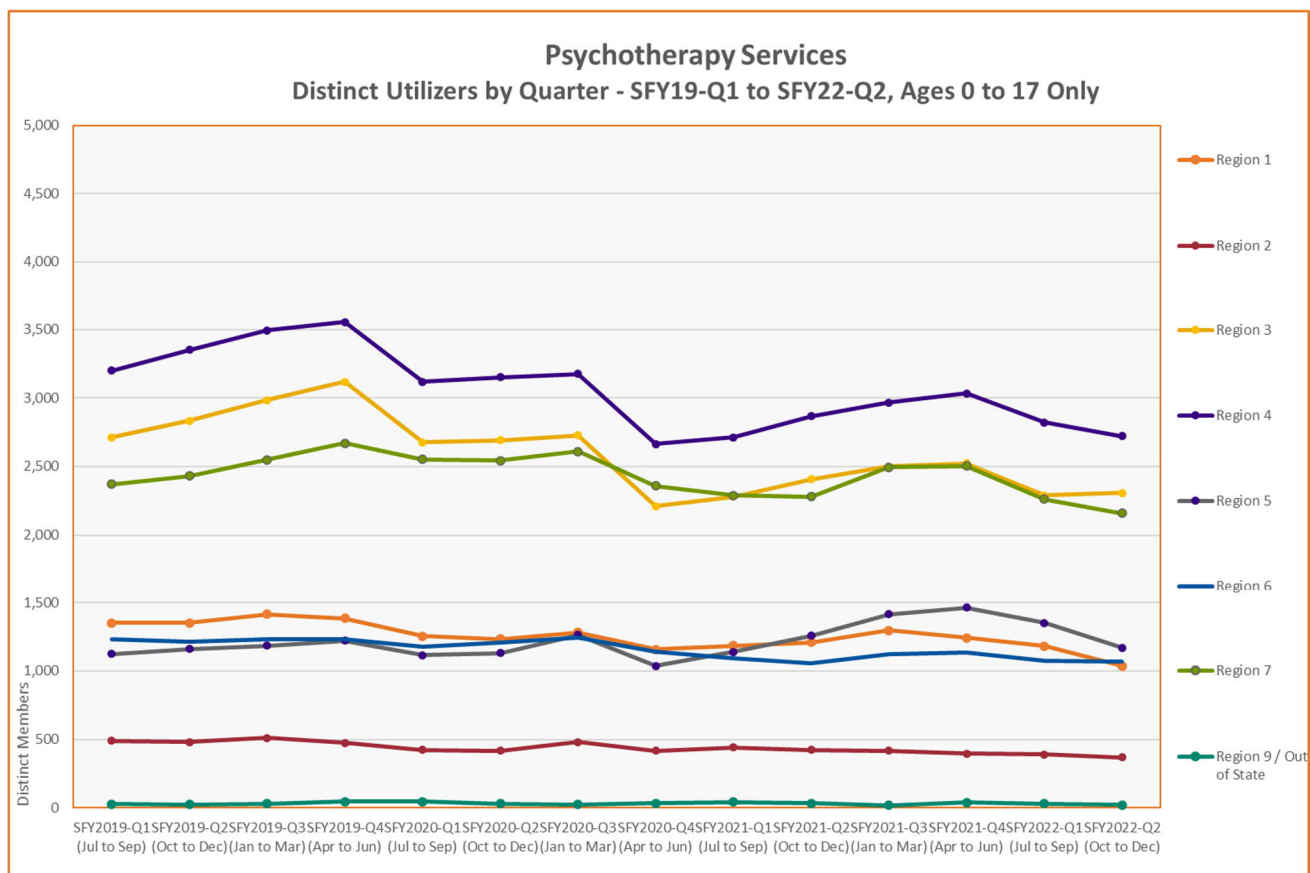
This service is minimally available. There are no services in Region 2, 5, 6, or 7 and very limited services in 3. The QMIA Council will continue to monitor the trends in use of Behavior Identification Assessment Services.

## Outpatient Services

### Psychotherapy Services

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 9 / Out of State	Total
Service Date SFY-Qtr	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers
SFY2019-Q1 (Jul to Sep)	1,352	490	2,711	3,198	1,126	1,231	2,370	26	12,420
SFY2019-Q2 (Oct to Dec)	1,353	480	2,834	3,351	1,161	1,213	2,431	25	12,780
SFY2019-Q3 (Jan to Mar)	1,414	512	2,985	3,494	1,187	1,232	2,550	31	13,317
SFY2019-Q4 (Apr to Jun)	1,385	474	3,118	3,552	1,221	1,235	2,670	47	13,595
SFY2019 Distinct Total Utilizers	2,296	791	5,025	5,624	2,143	2,092	3,902	91	21,541
SFY2020-Q1 (Jul to Sep)	1,255	424	2,675	3,119	1,116	1,178	2,551	46	12,285
SFY2020-Q2 (Oct to Dec)	1,234	417	2,690	3,150	1,132	1,207	2,544	29	12,320
SFY2020-Q3 (Jan to Mar)	1,283	481	2,728	3,175	1,264	1,242	2,611	25	12,738
SFY2020-Q4 (Apr to Jun)	1,159	416	2,211	2,665	1,037	1,141	2,359	34	10,938
SFY2020 Distinct Total Utilizers	2,053	708	4,440	5,115	2,024	1,959	3,852	92	19,855
SFY2021-Q1 (Jul to Sep)	1,186	442	2,280	2,714	1,140	1,092	2,290	42	11,093
SFY2021-Q2 (Oct to Dec)	1,210	423	2,407	2,868	1,257	1,054	2,280	32	11,382
SFY2021-Q3 (Jan to Mar)	1,297	417	2,500	2,965	1,414	1,123	2,494	19	12,161
SFY2021-Q4 (Apr to Jun)	1,244	397	2,521	3,033	1,464	1,133	2,503	40	12,219
SFY2021 Distinct Total Utilizers	1,977	683	4,095	4,895	2,293	1,828	3,630	106	19,005
SFY2022-Q1 (Jul to Sep)	1,183	389	2,290	2,821	1,353	1,077	2,261	30	11,326
SFY2022-Q2 (Oct to Dec)	1,038	368	2,307	2,722	1,169	1,067	2,159	20	10,789
SFY2022 Distinct Total Utilizers	1,427	464	2,914	3,523	1,602	1,297	2,666	39	13,782





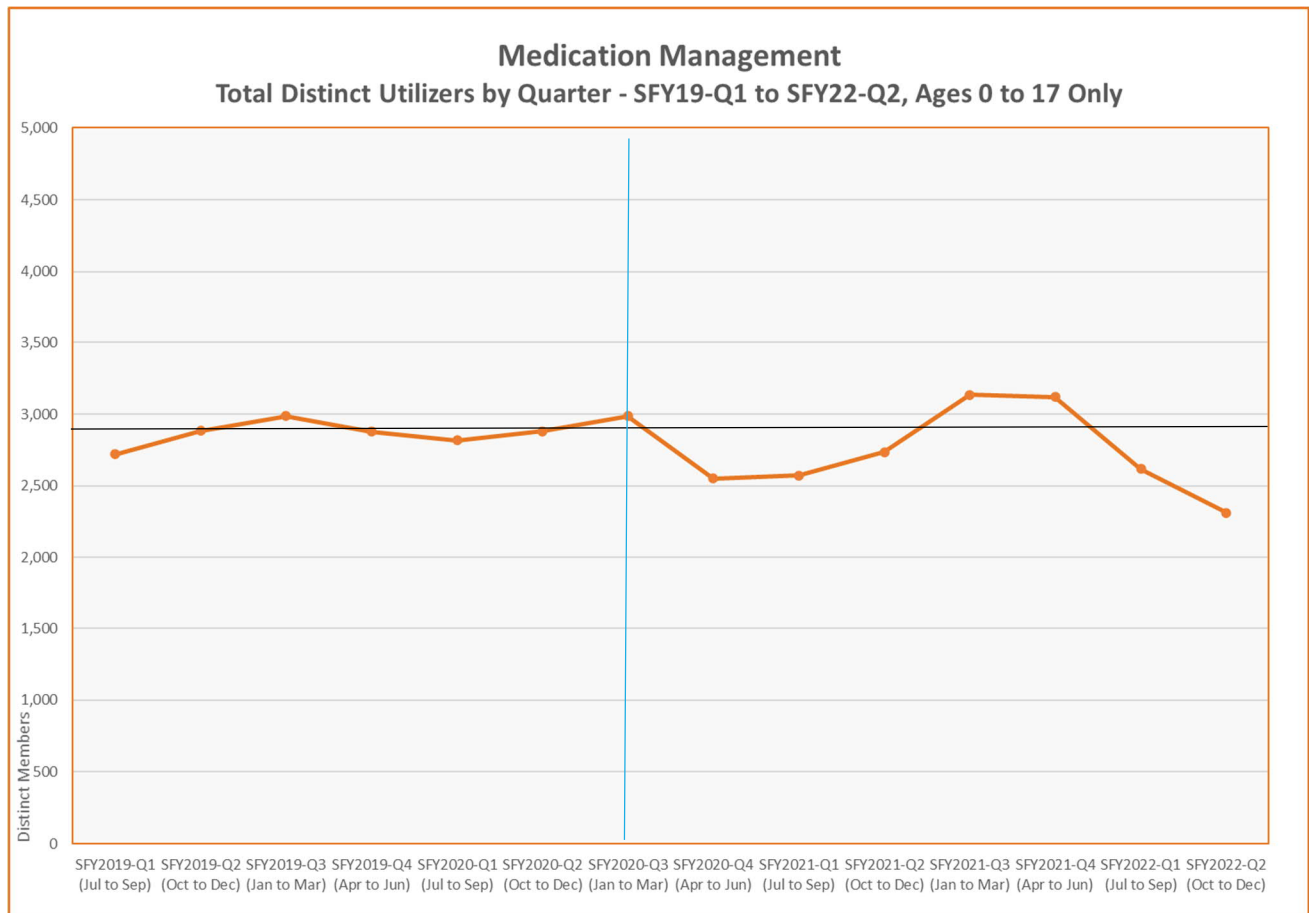
### What is the data telling us?

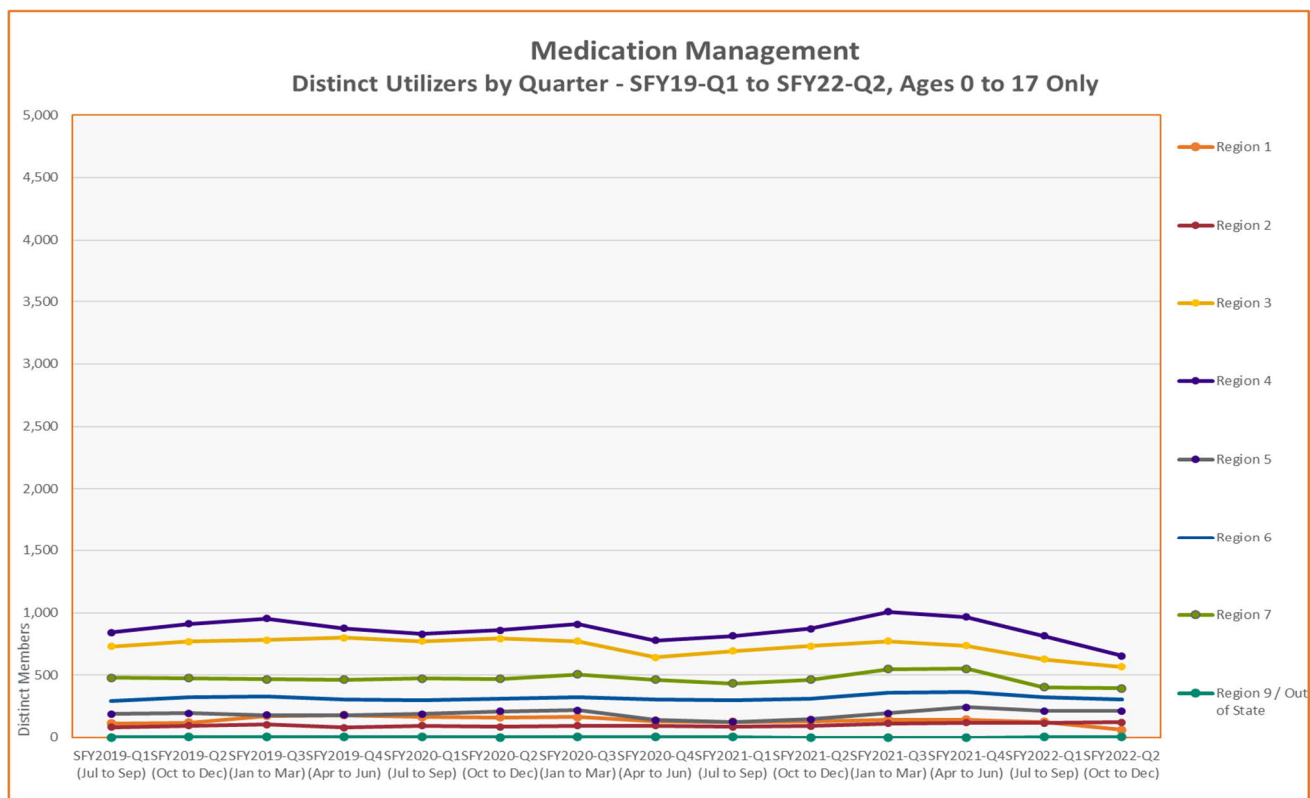
There has been an overall trend toward decreasing number of Psychotherapy services provided quarterly after March of 2020. This likely due to COVID-19, although there may be other factors as well, such as fewer providers.

The projected number of children and youth who meet the criteria for YES is approximately 20,000 annually. The median number of services provided quarterly is approximately 12,250 and to achieve that number on an annual basis it appears that a possible quarterly target for children and youth served would be close to the median.

# Medication Management

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 9 / Out of State	Total
Service Date SFY-Qtr	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers
SFY2019-Q1 (Jul to Sep)	113	84	729	842	189	290	480	2	2,721
SFY2019-Q2 (Oct to Dec)	119	94	768	910	196	322	476	4	2,885
SFY2019-Q3 (Jan to Mar)	172	105	782	955	179	329	467	5	2,986
SFY2019-Q4 (Apr to Jun)	178	80	800	874	181	302	463	3	2,877
SFY2019 Distinct Total Utilizers	251	155	1,318	1,527	293	547	816	9	4,838
SFY2020-Q1 (Jul to Sep)	163	94	771	830	189	301	473	5	2,818
SFY2020-Q2 (Oct to Dec)	160	85	792	860	209	309	471	2	2,882
SFY2020-Q3 (Jan to Mar)	163	94	773	908	219	325	507	5	2,988
SFY2020-Q4 (Apr to Jun)	132	96	642	777	140	304	464	3	2,550
SFY2020 Distinct Total Utilizers	246	174	1,235	1,437	331	525	832	11	4,709
SFY2021-Q1 (Jul to Sep)	126	87	693	816	126	299	432	3	2,572
SFY2021-Q2 (Oct to Dec)	132	93	733	872	147	311	463	1	2,737
SFY2021-Q3 (Jan to Mar)	144	114	772	1,007	194	358	549	1	3,134
SFY2021-Q4 (Apr to Jun)	144	120	737	966	242	366	551	1	3,119
SFY2021 Distinct Total Utilizers	201	172	1,264	1,602	358	569	915	6	4,984
SFY2022-Q1 (Jul to Sep)	124	115	627	814	213	325	402	4	2,618
SFY2022-Q2 (Oct to Dec)	63	123	567	654	213	302	395	3	2,313
SFY2022 Distinct Total Utilizers	148	150	800	986	285	409	515	6	3,278

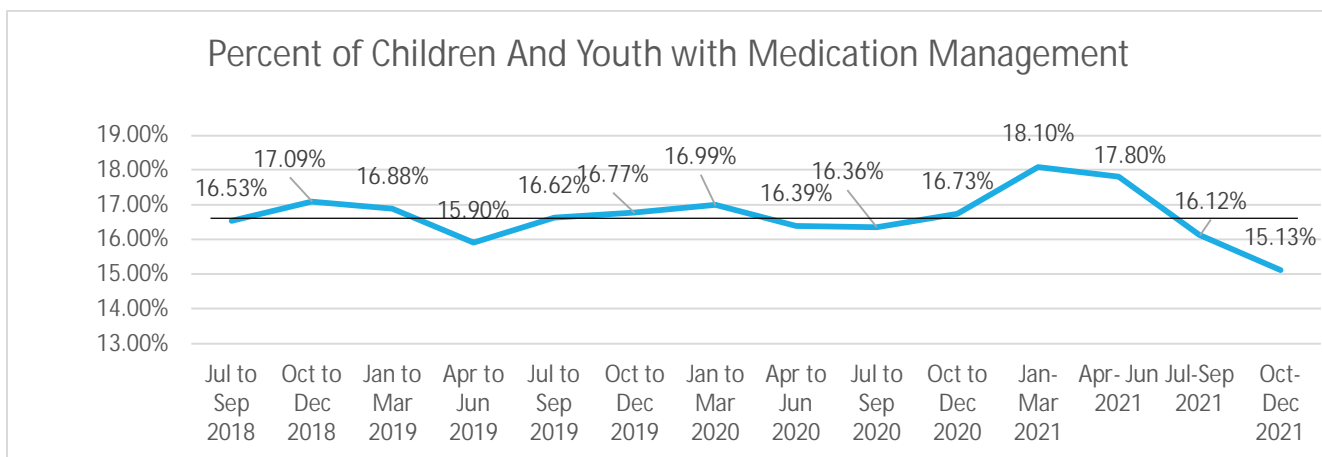




### What is this data telling us?

There is no research on the prediction for number of children and youth who need Medication Management.

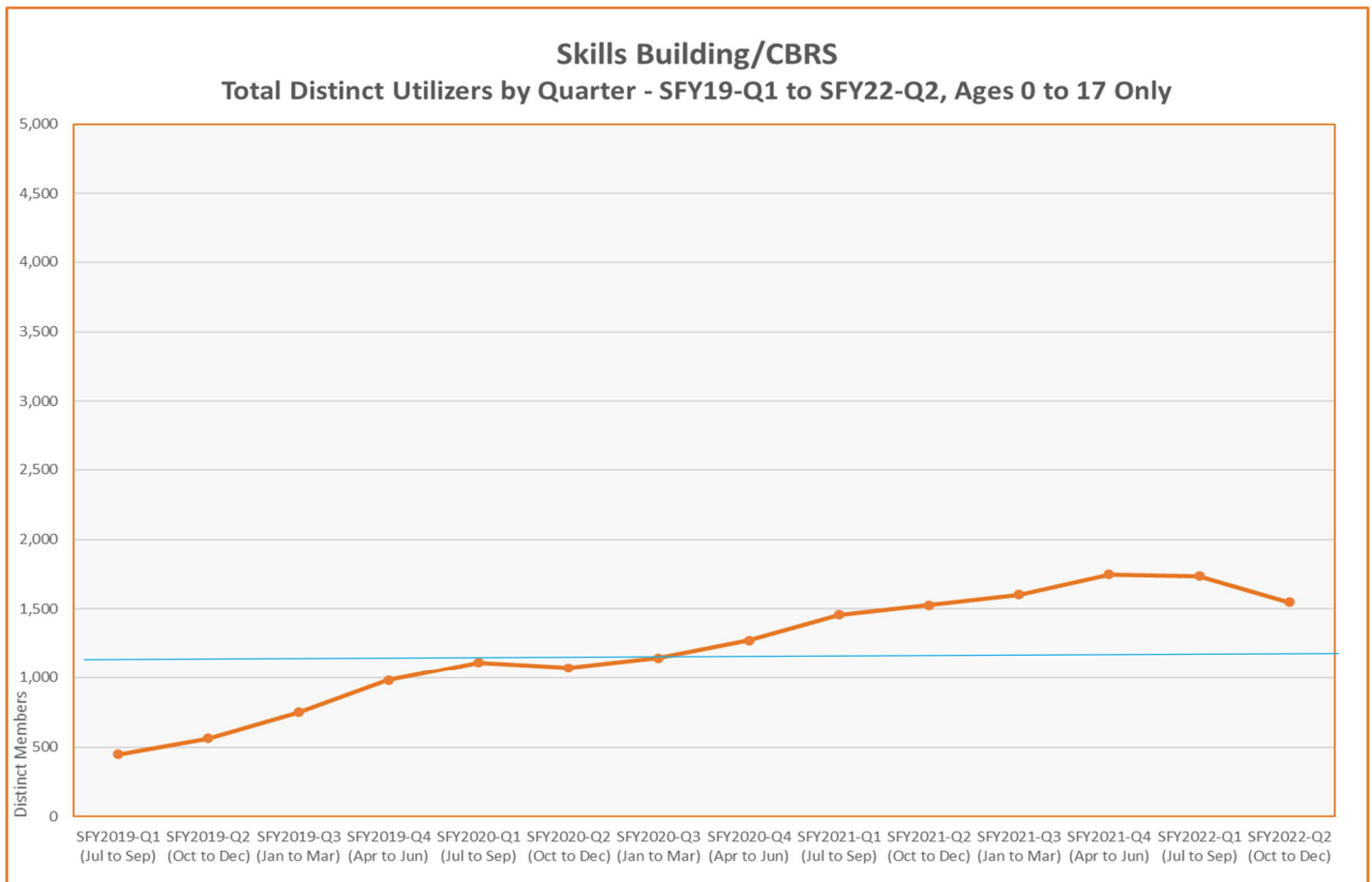
The median for the quarterly number of children and youth receiving Medication Management services over the last 14 quarters is 2,850. The number receiving services was very stable until March of 2020. Since March the number has decreased, then increased and is now decreasing again, but none of these changes indicate a substantial trend in either direction. The average percent of children and youth receiving Medication Management is 16.67% (see chart below).

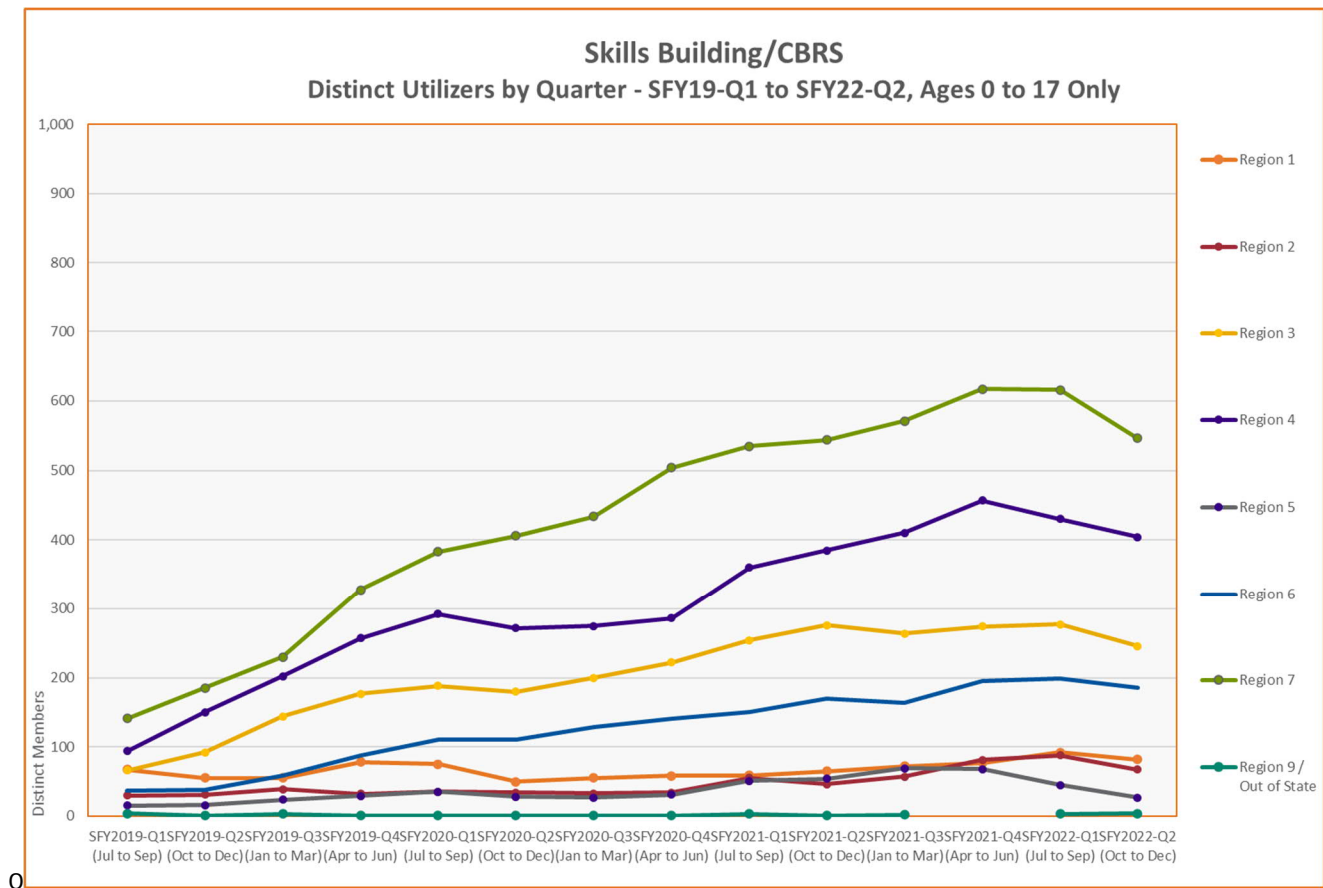




## Skills Building/CBRS

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 9 / Out of State	Total
Service Date SFY-Qtr	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers
SFY2019-Q1 (Jul to Sep)	67	30	66	94	15	37	141	4	449
SFY2019-Q2 (Oct to Dec)	55	31	92	150	16	38	185	1	564
SFY2019-Q3 (Jan to Mar)	55	39	144	202	24	58	230	3	749
SFY2019-Q4 (Apr to Jun)	78	32	177	257	29	88	328	1	983
SFY2019 Distinct Total Utilizers	119	57	230	330	34	114	406	6	1,271
SFY2020-Q1 (Jul to Sep)	75	35	188	292	35	110	383	1	1,113
SFY2020-Q2 (Oct to Dec)	50	34	180	272	28	111	406	1	1,073
SFY2020-Q3 (Jan to Mar)	55	33	200	275	27	129	434	1	1,147
SFY2020-Q4 (Apr to Jun)	58	34	222	286	31	141	504	1	1,272
SFY2020 Distinct Total Utilizers	115	63	369	484	62	216	688	4	1,975
SFY2021-Q1 (Jul to Sep)	59	55	254	360	51	150	535	3	1,459
SFY2021-Q2 (Oct to Dec)	65	46	276	385	54	170	544	1	1,526
SFY2021-Q3 (Jan to Mar)	72	57	264	410	69	164	571	2	1,603
SFY2021-Q4 (Apr to Jun)	77	81	274	457	68	195	617		1,747
SFY2021 Distinct Total Utilizers	124	114	433	673	109	279	892	5	2,575
SFY2022-Q1 (Jul to Sep)	92	88	277	430	45	199	616	3	1,737
SFY2022-Q2 (Oct to Dec)	82	67	246	404	27	185	546	4	1,549
SFY2022 Distinct Total Utilizers	102	95	331	520	51	240	714	6	2,032





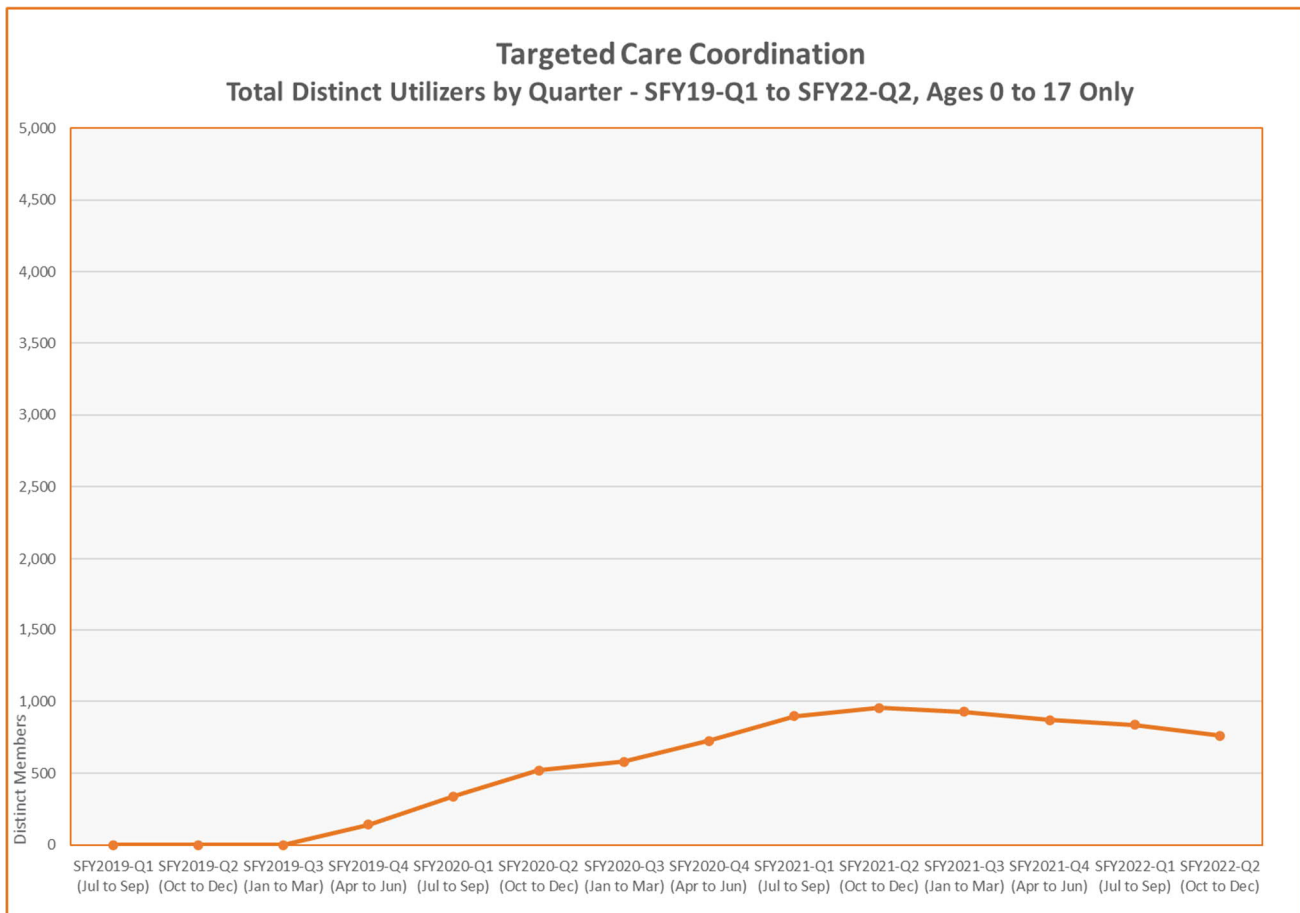
### What is this data telling us?

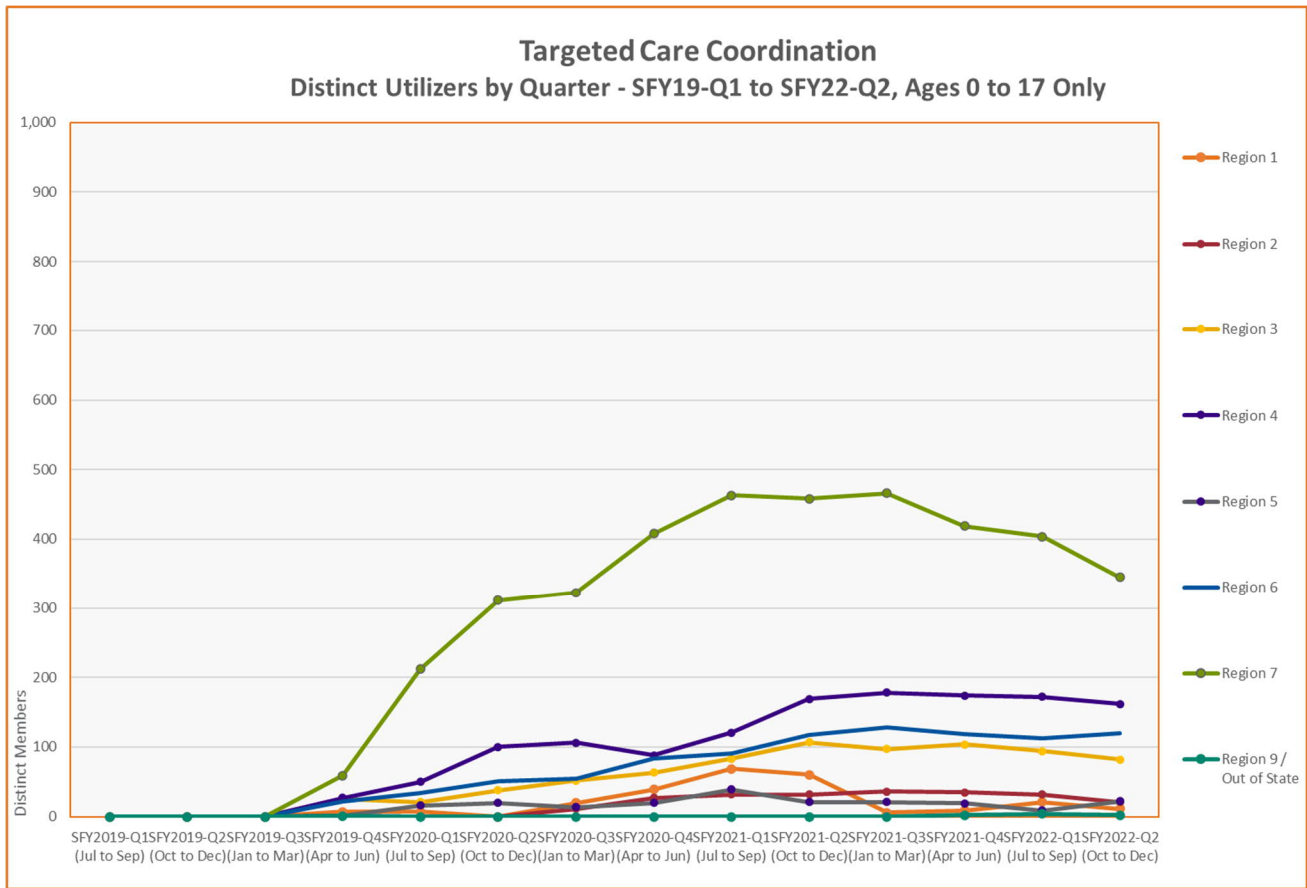
The trend for access to CBRS has been increasing substantially over the 14 quarters that are reported, with only a small dip in Q2 of 2020. Access to CBRS has remained stable or increased in all regions except Region 5.

According to the 2018 Substance Abuse and Mental Health Services Administration's (SAMHSA's) National Findings Report, evidence-based social skills training may be effective for children and youth with anxiety, depression, disruptive behaviors, exposure to trauma and other mental disorders. Since SFY 2019, the number of children and youth receiving Skills Building has been increasing in all regions. The highest number served in any one quarter was 1,747 in Q4 of 2021 and by the end of Q4 in SFY 2021, 2,575 had received the service.

## Targeted Care Coordination (TCC)

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 9 / Out of State	Total
Service Date SFY-Qtr	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers
SFY2019-Q1 (Jul to Sep)	0	0	0	0	0	0	0	0	0
SFY2019-Q2 (Oct to Dec)	0	0	0	0	0	0	0	0	0
SFY2019-Q3 (Jan to Mar)	0	0	0	0	0	0	0	0	0
SFY2019-Q4 (Apr to Jun)	7	1	25	27	1	22	59	1	143
SFY2019 Distinct Total Utilizers	7	1	25	27	1	22	59	1	143
SFY2020-Q1 (Jul to Sep)	7	0	21	50	16	34	212	0	340
SFY2020-Q2 (Oct to Dec)	0	0	38	100	20	51	311	0	519
SFY2020-Q3 (Jan to Mar)	20	11	52	106	14	55	323	0	581
SFY2020-Q4 (Apr to Jun)	39	27	63	88	20	83	408	0	726
SFY2020 Distinct Total Utilizers	56	28	113	219	54	122	545	0	1,126
SFY2021-Q1 (Jul to Sep)	69	32	83	121	39	91	463	0	897
SFY2021-Q2 (Oct to Dec)	60	32	107	169	21	117	458	0	956
SFY2021-Q3 (Jan to Mar)	6	36	97	178	21	128	466	0	927
SFY2021-Q4 (Apr to Jun)	9	35	104	174	19	119	419	2	871
SFY2021 Distinct Total Utilizers	92	54	169	295	70	203	647	2	1,500
SFY2022-Q1 (Jul to Sep)	21	32	94	172	9	112	404	4	839
SFY2022-Q2 (Oct to Dec)	11	21	82	162	22	120	345	2	762
SFY2022 Distinct Total Utilizers	24	35	113	217	27	148	448	4	1,005



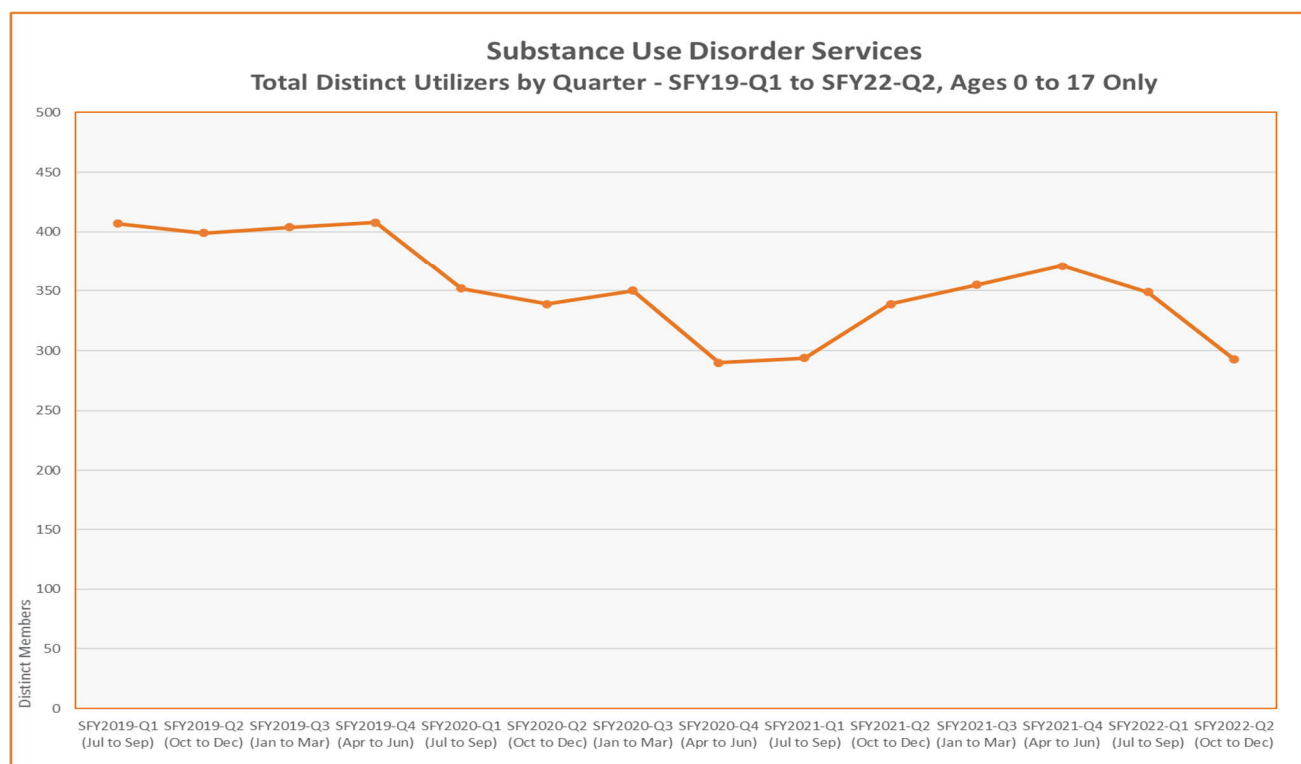


#### What is this data telling us?

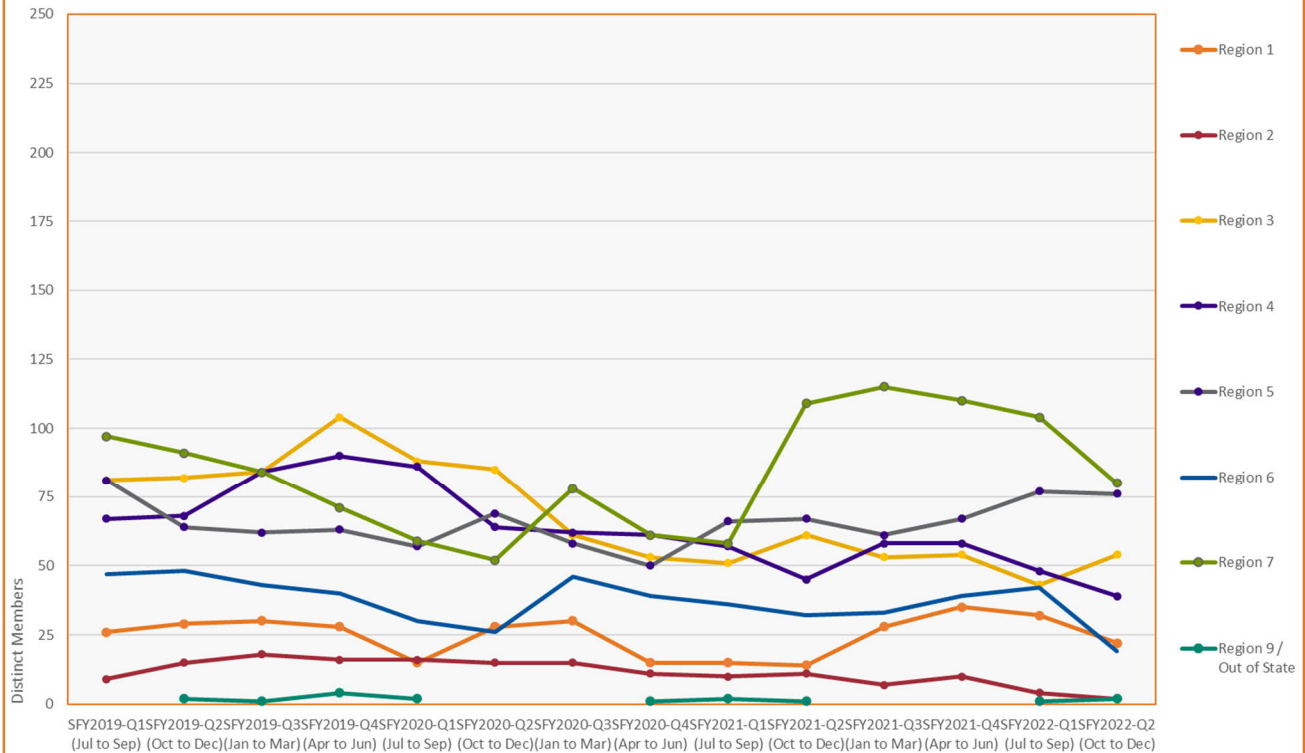
All children and youth with Medicaid eligibility under the 1915(i) Waiver should be receiving TCC (the number varies quarterly but approximately 2,000 children and youth per quarter) and all other children and youth who meet criteria for YES may receive TCC. As of the end of SFY 2021, a total of 1,500 children and youth had received TCC. This indicates that some children and youth who should be receiving TCC are currently not receiving the service.

## Substance Use Disorder (SUD) Services

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 9 / Out of State	Total
Service Date SFY-Qtr	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers
SFY2019-Q1 (Jul to Sep)	26	9	81	67	81	47	97		407
SFY2019-Q2 (Oct to Dec)	29	15	82	68	64	48	91	2	399
SFY2019-Q3 (Jan to Mar)	30	18	84	84	62	43	84	1	404
SFY2019-Q4 (Apr to Jun)	28	16	104	90	63	40	71	4	408
SFY2019 Distinct Total Utilizers	72	31	198	169	160	91	176	6	891
SFY2020-Q1 (Jul to Sep)	15	16	88	86	57	30	59	2	352
SFY2020-Q2 (Oct to Dec)	28	15	85	64	69	26	52		339
SFY2020-Q3 (Jan to Mar)	30	15	61	62	58	46	78		350
SFY2020-Q4 (Apr to Jun)	15	11	53	61	50	39	61	1	290
SFY2020 Distinct Total Utilizers	57	28	162	155	131	69	151	3	753
SFY2021-Q1 (Jul to Sep)	15	10	51	57	66	36	58	2	294
SFY2021-Q2 (Oct to Dec)	14	11	61	45	67	32	109	1	339
SFY2021-Q3 (Jan to Mar)	28	7	53	58	61	33	115		355
SFY2021-Q4 (Apr to Jun)	35	10	54	58	67	39	110		371
SFY2021 Distinct Total Utilizers	62	19	112	124	145	74	250	2	781
SFY2022-Q1 (Jul to Sep)	32	4	43	48	77	42	104	1	349
SFY2022-Q2 (Oct to Dec)	22	2	54	39	76	19	80	2	293
SFY2022 Distinct Total Utilizers	37	4	72	62	109	49	142	2	474



### Substance Use Disorder Services Distinct Utilizers by Quarter - SFY19-Q1 to SFY22-Q2, Ages 0 to 17 Only



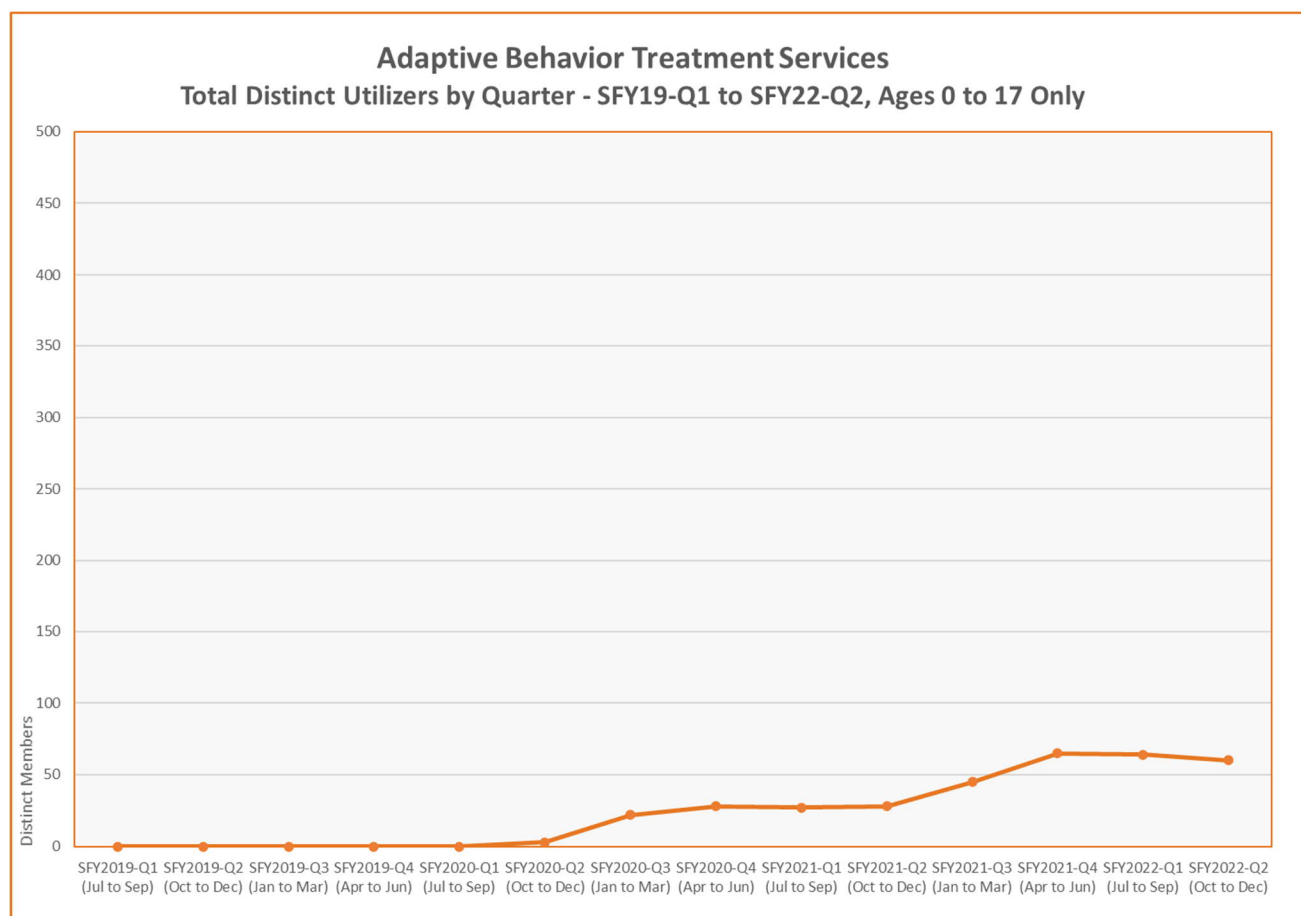
#### What is this data telling us?

SUD services are accessed statewide and have been fairly stable over the last 14 quarters. However, the number receiving the service remains limited.

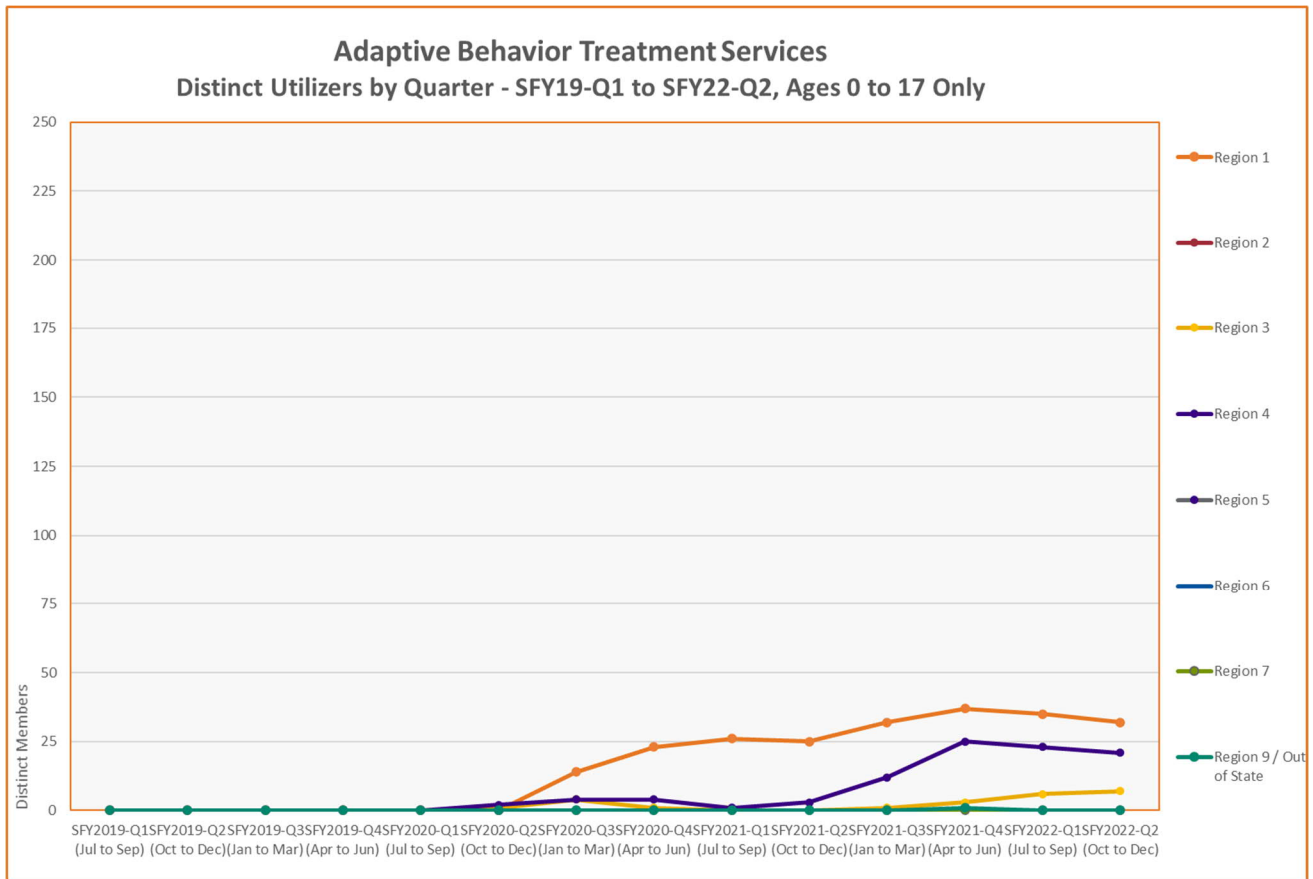
It is predicted that up to 2% of all children and youth under the age of 18 may have substance use problems. In Idaho, that would indicate that 9,000+ would potentially need SUD services. SUD services reported by Optum include only those that are specific to SUD-focused programs and does not include integrated mental health and SUD services for children with co-occurring disorders.

## Adaptive Behavior Treatment Services

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 9 / Out of State	Total
Service Date SFY-Qtr	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers
SFY2019-Q1 (Jul to Sep)	0	0	0	0	0	0	0	0	0
SFY2019-Q2 (Oct to Dec)	0	0	0	0	0	0	0	0	0
SFY2019-Q3 (Jan to Mar)	0	0	0	0	0	0	0	0	0
SFY2019-Q4 (Apr to Jun)	0	0	0	0	0	0	0	0	0
<b>SFY2019 Distinct Total Utilizers</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
SFY2020-Q1 (Jul to Sep)	0	0	0	0	0	0	0	0	0
SFY2020-Q2 (Oct to Dec)	0	0	1	2	0	0	0	0	3
SFY2020-Q3 (Jan to Mar)	14	0	4	4	0	0	0	0	22
SFY2020-Q4 (Apr to Jun)	23	0	1	4	0	0	0	0	28
<b>SFY2020 Distinct Total Utilizers</b>	<b>25</b>	<b>0</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>33</b>
SFY2021-Q1 (Jul to Sep)	26	0	0	1	0	0	0	0	27
SFY2021-Q2 (Oct to Dec)	25	0	0	3	0	0	0	0	28
SFY2021-Q3 (Jan to Mar)	32	0	1	12	0	0	0	0	45
SFY2021-Q4 (Apr to Jun)	37	0	3	25	0	0	0	1	65
<b>SFY2021 Distinct Total Utilizers</b>	<b>52</b>	<b>0</b>	<b>3</b>	<b>28</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>83</b>
SFY2022-Q1 (Jul to Sep)	35	0	6	23	0	0	0	0	64
SFY2022-Q2 (Oct to Dec)	32	0	7	21	0	0	0	0	60
<b>SFY2022 Distinct Total Utilizers</b>	<b>43</b>	<b>0</b>	<b>8</b>	<b>27</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>78</b>







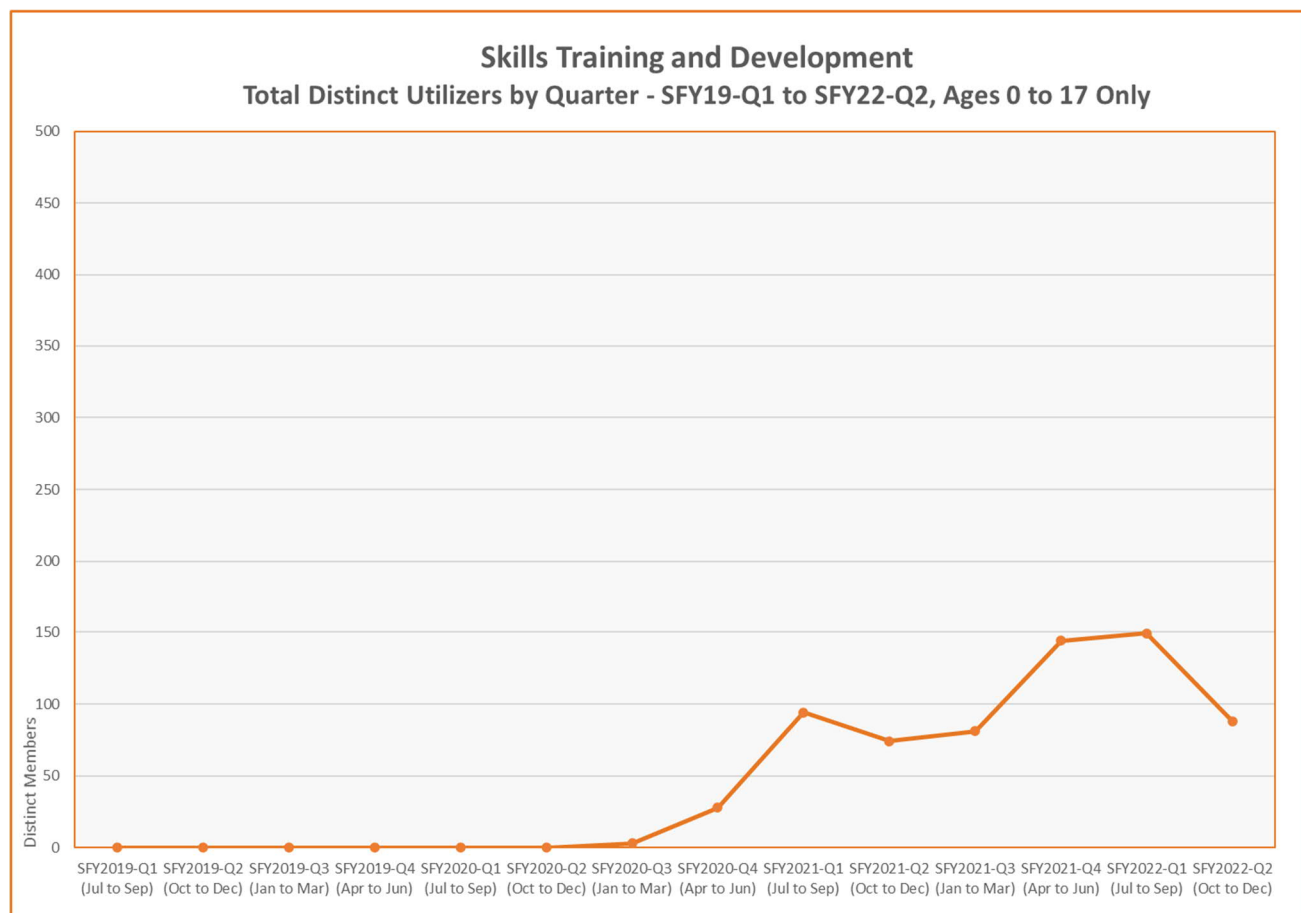
#### What is this data telling us?

There is no research indicating expected need for Adaptive Behavior Treatment.

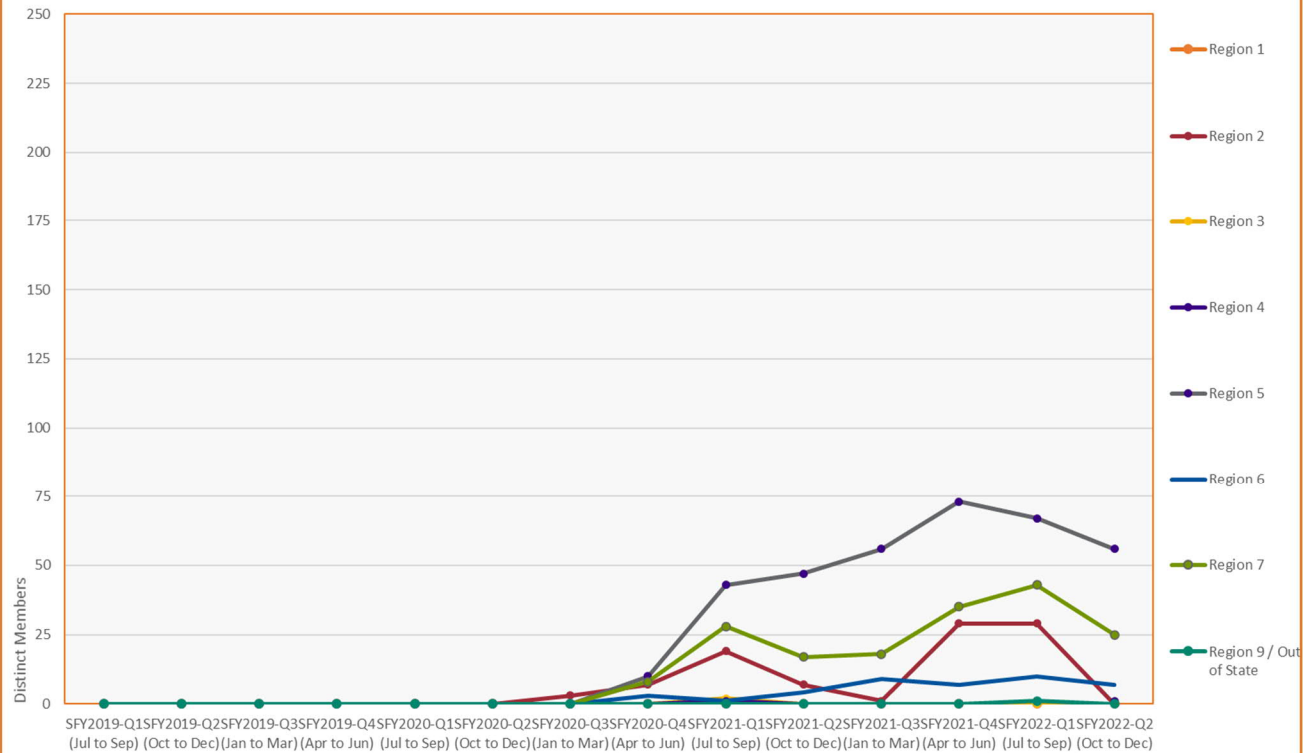
This service is minimally available. There are no services in Region 2, 5, 6 or 7 and very limited services in 3. The QMIA Council will continue to monitor the trends in use of Adaptive Behavior Treatment.

## Skills Training and Development (STAD)

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 9 / Out of State	Total
Service Date SFY-Qtr	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers
SFY2019-Q1 (Jul to Sep)	0	0	0	0	0	0	0	0	0
SFY2019-Q2 (Oct to Dec)	0	0	0	0	0	0	0	0	0
SFY2019-Q3 (Jan to Mar)	0	0	0	0	0	0	0	0	0
SFY2019-Q4 (Apr to Jun)	0	0	0	0	0	0	0	0	0
SFY2019 Distinct Total Utilizers	0	0	0	0	0	0	0	0	0
SFY2020-Q1 (Jul to Sep)	0	0	0	0	0	0	0	0	0
SFY2020-Q2 (Oct to Dec)	0	0	0	0	0	0	0	0	0
SFY2020-Q3 (Jan to Mar)	0	3	0	0	0	0	0	0	3
SFY2020-Q4 (Apr to Jun)	0	7	0	0	10	3	8	0	28
SFY2020 Distinct Total Utilizers	0	10	0	0	10	3	8	0	31
SFY2021-Q1 (Jul to Sep)	0	19	2	1	43	1	28	0	94
SFY2021-Q2 (Oct to Dec)	0	7	0	0	47	4	17	0	74
SFY2021-Q3 (Jan to Mar)	0	1	0	0	56	9	18	0	81
SFY2021-Q4 (Apr to Jun)	0	29	0	0	73	7	35	0	144
SFY2021 Distinct Total Utilizers	0	44	2	1	108	10	59	0	218
SFY2022-Q1 (Jul to Sep)	0	29	0		67	10	43	1	149
SFY2022-Q2 (Oct to Dec)	0	0	0	1	56	7	25	0	88
SFY2022 Distinct Total Utilizers	0	29	0	1	82	12	51	1	174



### Skills Training and Development Distinct Utilizers by Quarter - SFY19-Q1 to SFY22-Q2, Ages 0 to 17 Only



#### What is this data telling us?

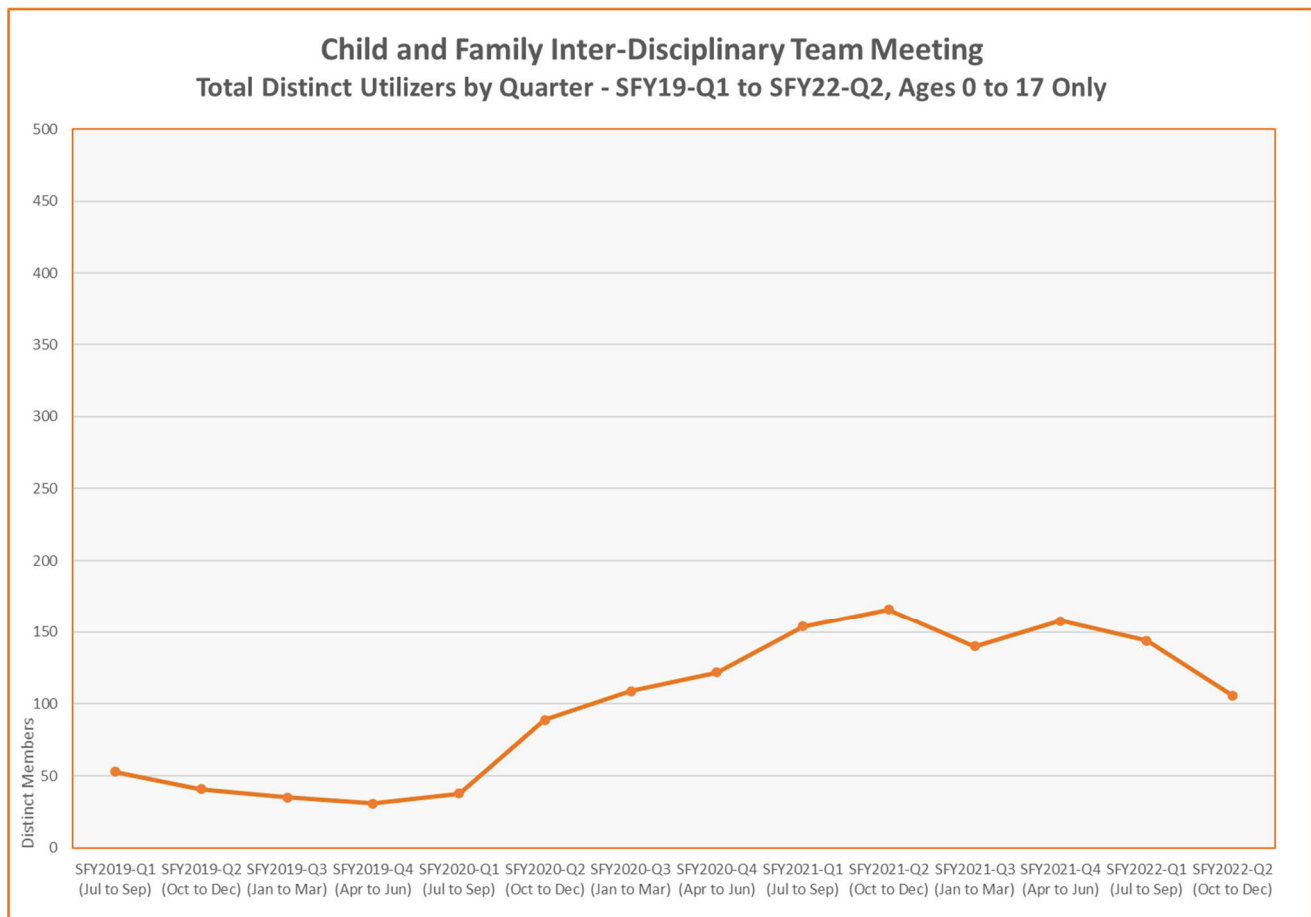
There is no research indicating expected need for Skills Training and Development (STAD).

STAD services appear to be very limited across the state - with 0 in Regions 1, 2, and 3, and only 1 child in Region 4. It is notable that the amount of STAD services increased substantially in SFY 2021, and although the number receiving the service is limited, Regions 5, 6, and 7 do appear to be increasing.

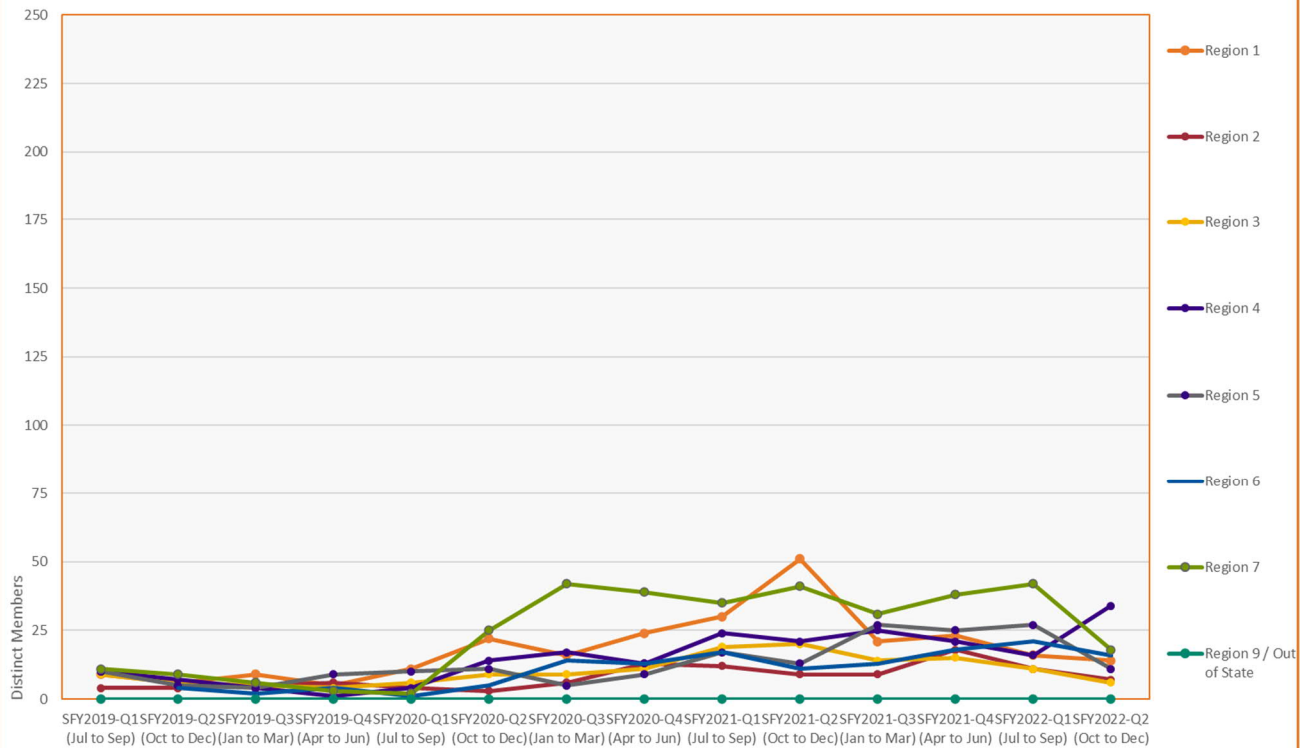
QMIA will continue to monitor the trends in use of STAD.

## Child and Family Inter-Disciplinary Team Meeting

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 9 / Out of State	Total
Service Date SFY-Qtr	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers
SFY2019-Q1 (Jul to Sep)	9	4	9	10	10		11	0	53
SFY2019-Q2 (Oct to Dec)	6	4	6	7	5	4	9	0	41
SFY2019-Q3 (Jan to Mar)	9	5	5	4	4	2	6	0	35
SFY2019-Q4 (Apr to Jun)	5	6	4	1	9	4	3	0	31
SFY2019 Distinct Total Utilizers	27	16	20	22	23	8	28	0	143
SFY2020-Q1 (Jul to Sep)	11	4	6	4	10	1	2	0	38
SFY2020-Q2 (Oct to Dec)	22	3	9	14	11	5	25	0	89
SFY2020-Q3 (Jan to Mar)	16	6	9	17	5	14	42	0	109
SFY2020-Q4 (Apr to Jun)	24	13	11	13	9	13	39	0	122
SFY2020 Distinct Total Utilizers	59	19	30	41	33	25	105	0	312
SFY2021-Q1 (Jul to Sep)	30	12	19	24	17	17	35	0	154
SFY2021-Q2 (Oct to Dec)	51	9	20	21	13	11	41	0	166
SFY2021-Q3 (Jan to Mar)	21	9	14	25	27	13	31	0	140
SFY2021-Q4 (Apr to Jun)	23	18	15	21	25	18	38	0	158
SFY2021 Distinct Total Utilizers	80	32	62	76	62	45	130	0	483
SFY2022-Q1 (Jul to Sep)	16	11	11	16	27	21	42	0	144
SFY2022-Q2 (Oct to Dec)	14	7	6	34	11	16	18	0	106
SFY2022 Distinct Total Utilizers	28	16	17	47	35	33	57	0	233



### Child and Family Inter-Disciplinary Team Meeting Distinct Utilizers by Quarter - SFY19-Q1 to SFY22-Q2, Ages 0 to 17 Only



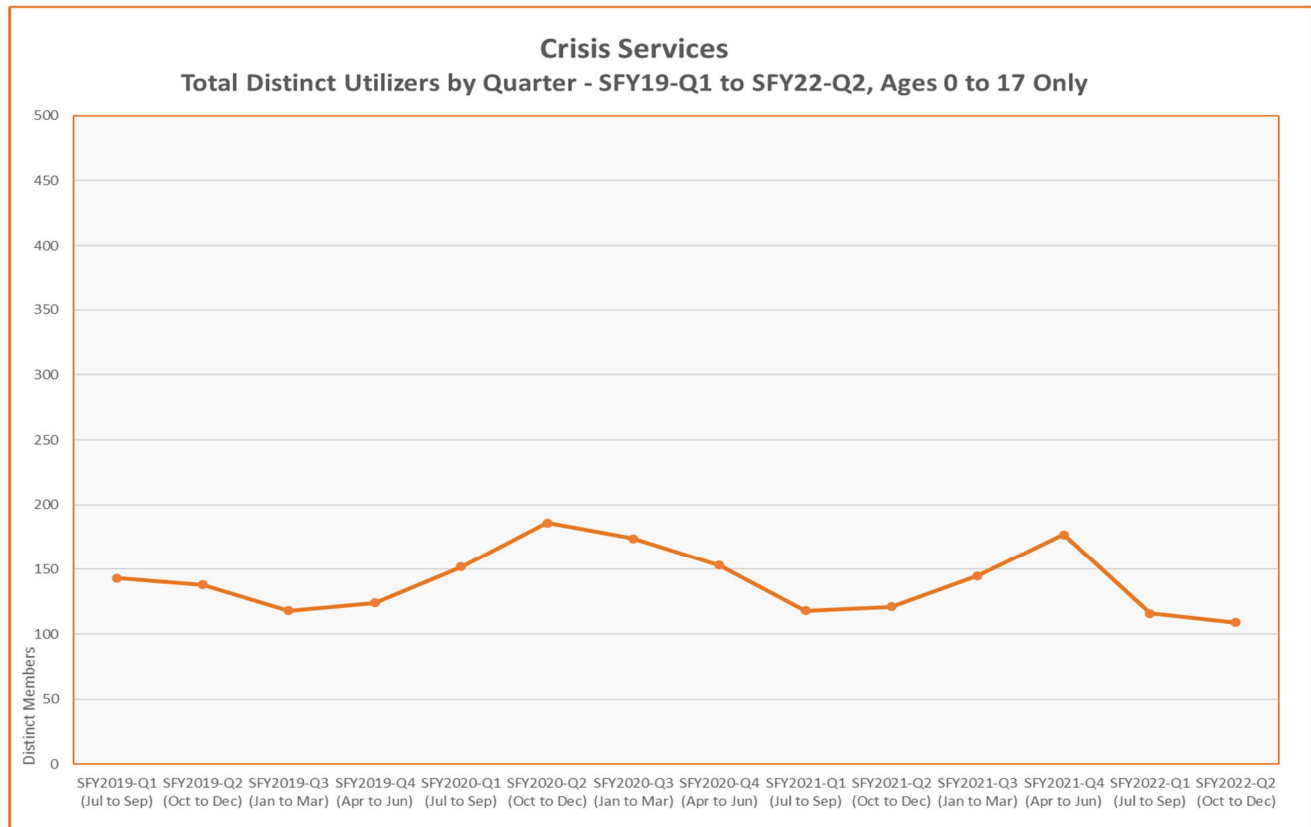
#### What is this data telling us?

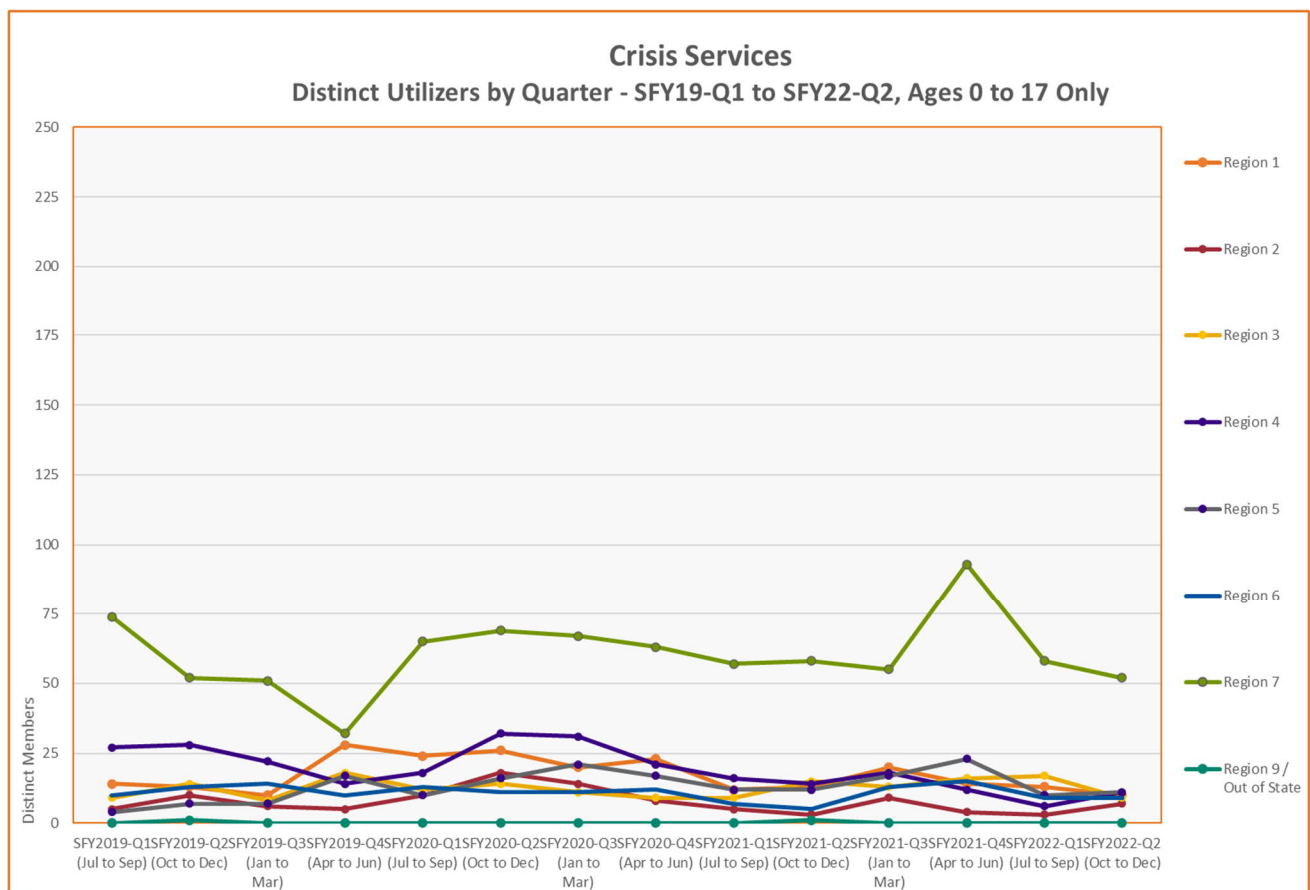
The Child and Family Interdisciplinary Team (CFIT) services are services billed by providers who participate in the Targeted Care Coordination (TCC) meetings. This number does not represent all Child and Family Team (CFT) sessions which are held.

The QMIA Data and Reports team is discussing how to track the occurrence of CFTs.

## Crisis Services

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 9 / Out of State	Total
Service Date SFY-Qtr	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers
SFY2019-Q1 (Jul to Sep)	14	5	9	27	4	10	74	0	143
SFY2019-Q2 (Oct to Dec)	13	10	14	28	7	13	52	1	138
SFY2019-Q3 (Jan to Mar)	10	6	8	22	7	14	51	0	118
SFY2019-Q4 (Apr to Jun)	28	5	18	14	17	10	32	0	124
<b>SFY2019 Distinct Total Utilizers</b>	<b>56</b>	<b>23</b>	<b>47</b>	<b>73</b>	<b>33</b>	<b>42</b>	<b>180</b>	<b>1</b>	<b>453</b>
SFY2020-Q1 (Jul to Sep)	24	10	12	18	10	13	65	0	152
SFY2020-Q2 (Oct to Dec)	26	18	14	32	16	11	69	0	186
SFY2020-Q3 (Jan to Mar)	20	14	11	31	21	11	67	0	174
SFY2020-Q4 (Apr to Jun)	23	8	9	21	17	12	63	0	153
<b>SFY2020 Distinct Total Utilizers</b>	<b>75</b>	<b>43</b>	<b>45</b>	<b>95</b>	<b>61</b>	<b>46</b>	<b>239</b>	<b>0</b>	<b>601</b>
SFY2021-Q1 (Jul to Sep)	12	5	9	16	12	7	57	0	118
SFY2021-Q2 (Oct to Dec)	13	3	15	14	12	5	58	1	121
SFY2021-Q3 (Jan to Mar)	20	9	13	18	17	13	55	0	145
SFY2021-Q4 (Apr to Jun)	14	4	16	12	23	15	93	0	177
<b>SFY2021 Distinct Total Utilizers</b>	<b>53</b>	<b>20</b>	<b>46</b>	<b>59</b>	<b>60</b>	<b>36</b>	<b>257</b>	<b>1</b>	<b>530</b>
SFY2022-Q1 (Jul to Sep)	13	3	17	6	10	9	58	0	116
SFY2022-Q2 (Oct to Dec)	10	7	9	11	11	9	52	0	109
<b>SFY2022 Distinct Total Utilizers</b>	<b>23</b>	<b>10</b>	<b>26</b>	<b>17</b>	<b>20</b>	<b>18</b>	<b>110</b>	<b>1</b>	<b>224</b>





#### What is this data telling us?

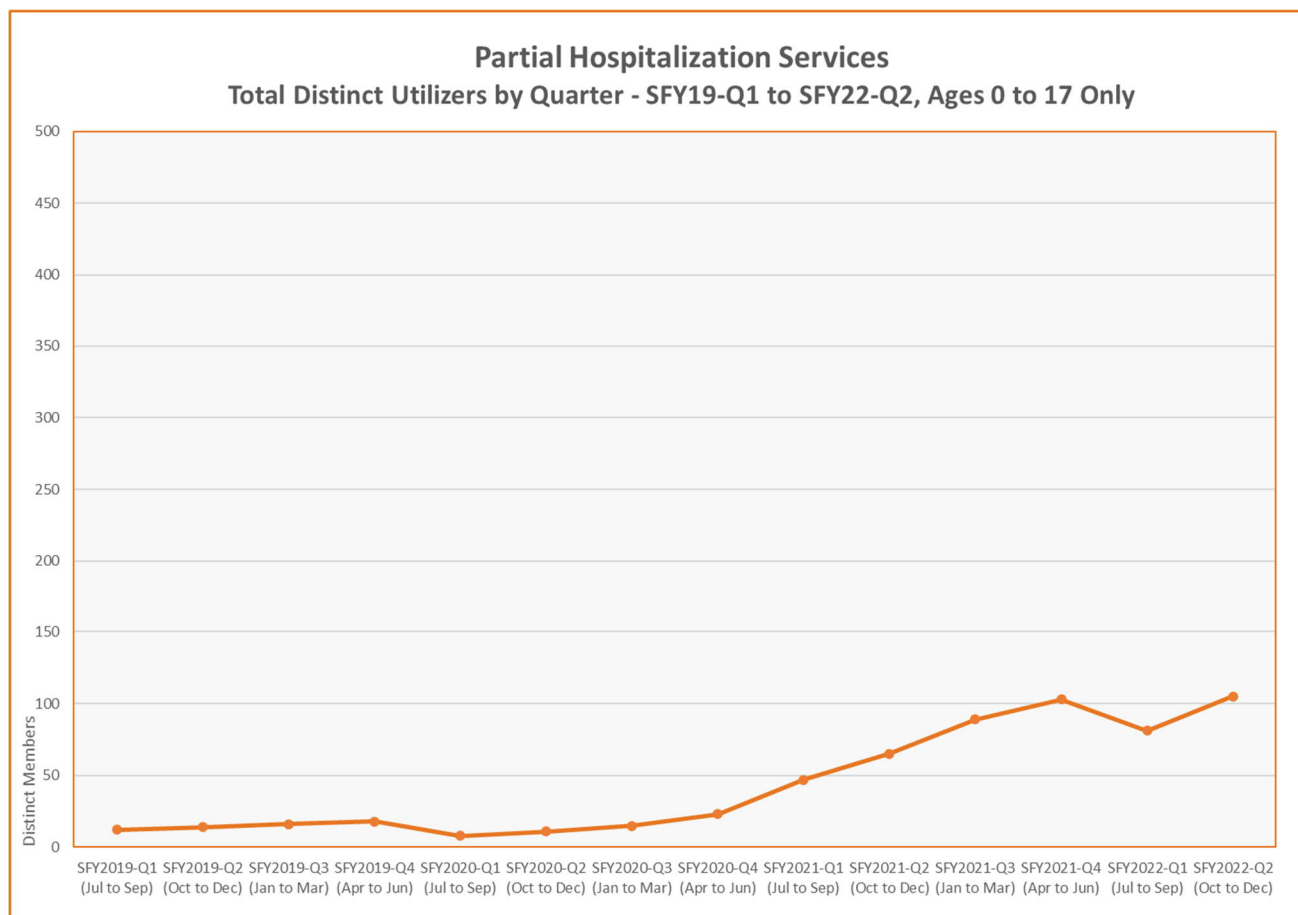
There is no research indicating expected need for crisis services.

There are crisis services in every region, but they remain very limited.

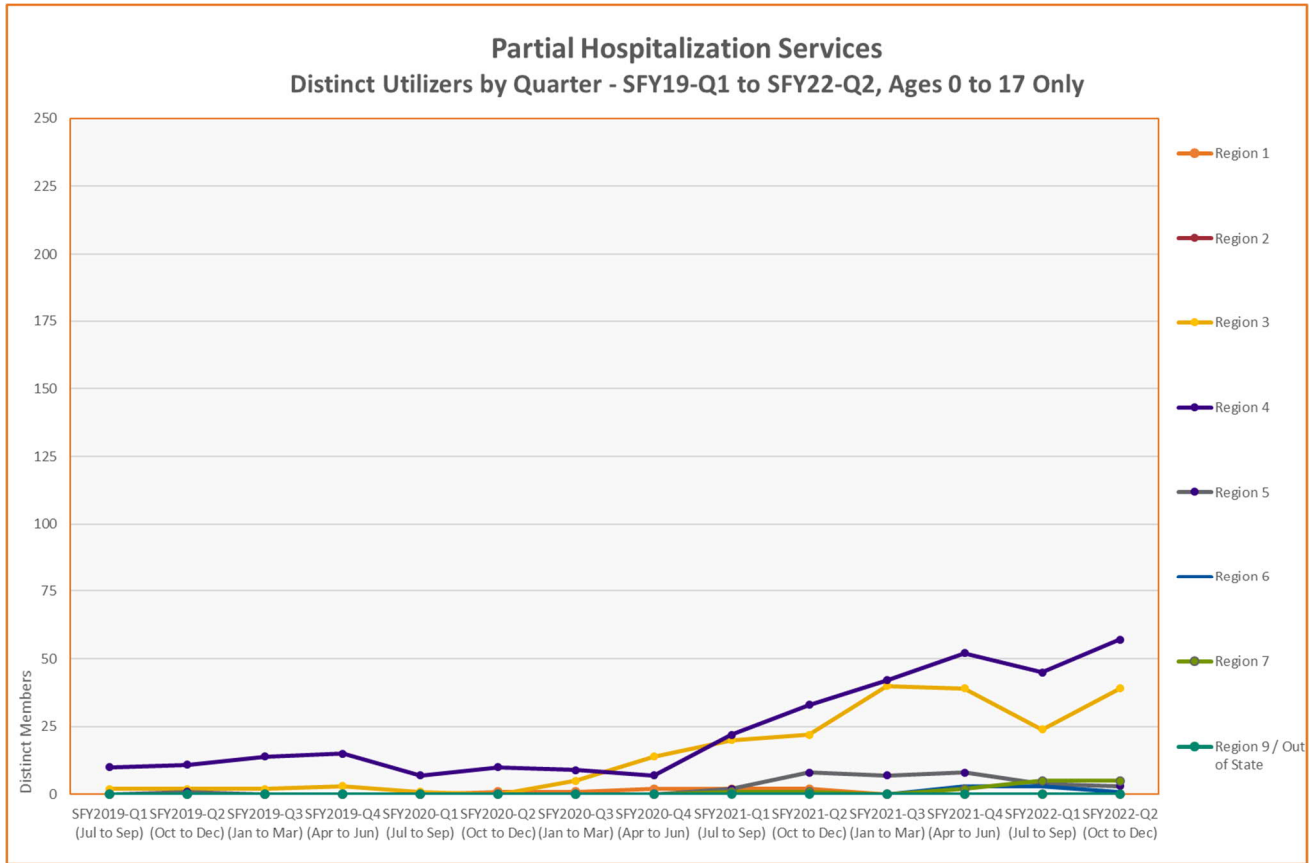
The QMIA Council will continue to monitor the trends in use of Crisis Services.

## Partial Hospitalization Services (PHP)

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 9 / Out of State	Total
Service Date SFY-Qtr	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers
SFY2019-Q1 (Jul to Sep)	0	0	2	10	0	0	0	0	12
SFY2019-Q2 (Oct to Dec)	0	0	2	11	1	0	0	0	14
SFY2019-Q3 (Jan to Mar)	0	0	2	14	0	0	0	0	16
SFY2019-Q4 (Apr to Jun)	0	0	3	15	0	0	0	0	18
SFY2019 Distinct Total Utilizers	0	0	6	36	1	0	0	0	43
SFY2020-Q1 (Jul to Sep)	0	0	1	7	0	0	0	0	8
SFY2020-Q2 (Oct to Dec)	1	0	0	10	0	0	0	0	11
SFY2020-Q3 (Jan to Mar)	1	0	5	9	0	0	0	0	15
SFY2020-Q4 (Apr to Jun)	2	0	14	7	0	0	0	0	23
SFY2020 Distinct Total Utilizers	4	0	20	27	0	0	0	0	51
SFY2021-Q1 (Jul to Sep)	2	0	20	22	2	0	1	0	47
SFY2021-Q2 (Oct to Dec)	2	0	22	33	8	0	1	0	65
SFY2021-Q3 (Jan to Mar)	0	0	40	42	7	0	0	0	89
SFY2021-Q4 (Apr to Jun)	0	0	39	52	8	3	2	0	103
SFY2021 Distinct Total Utilizers	3	0	87	110	15	3	3	0	219
SFY2022-Q1 (Jul to Sep)	0	0	24	45	4	3	5	0	81
SFY2022-Q2 (Oct to Dec)	0	0	39	57	3	1	5	0	105
SFY2022 Distinct Total Utilizers	0	0	55	85	6	4	7	0	157







#### What is this data telling us?

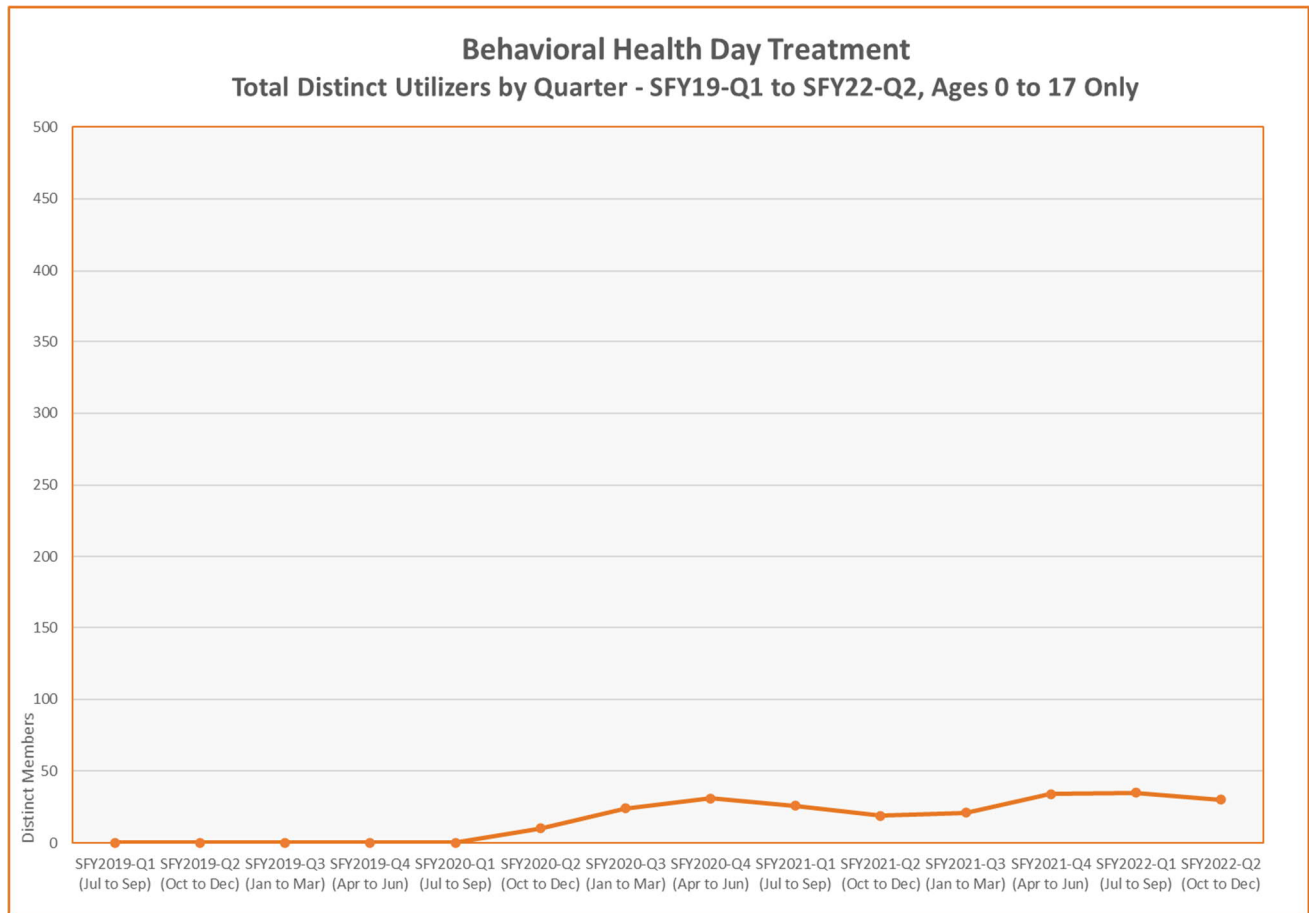
There is no research indicating expected need for Partial Hospitalization.

There are no services in Regions 1 and 2, and very limited services in Regions 5, 6, and 7.

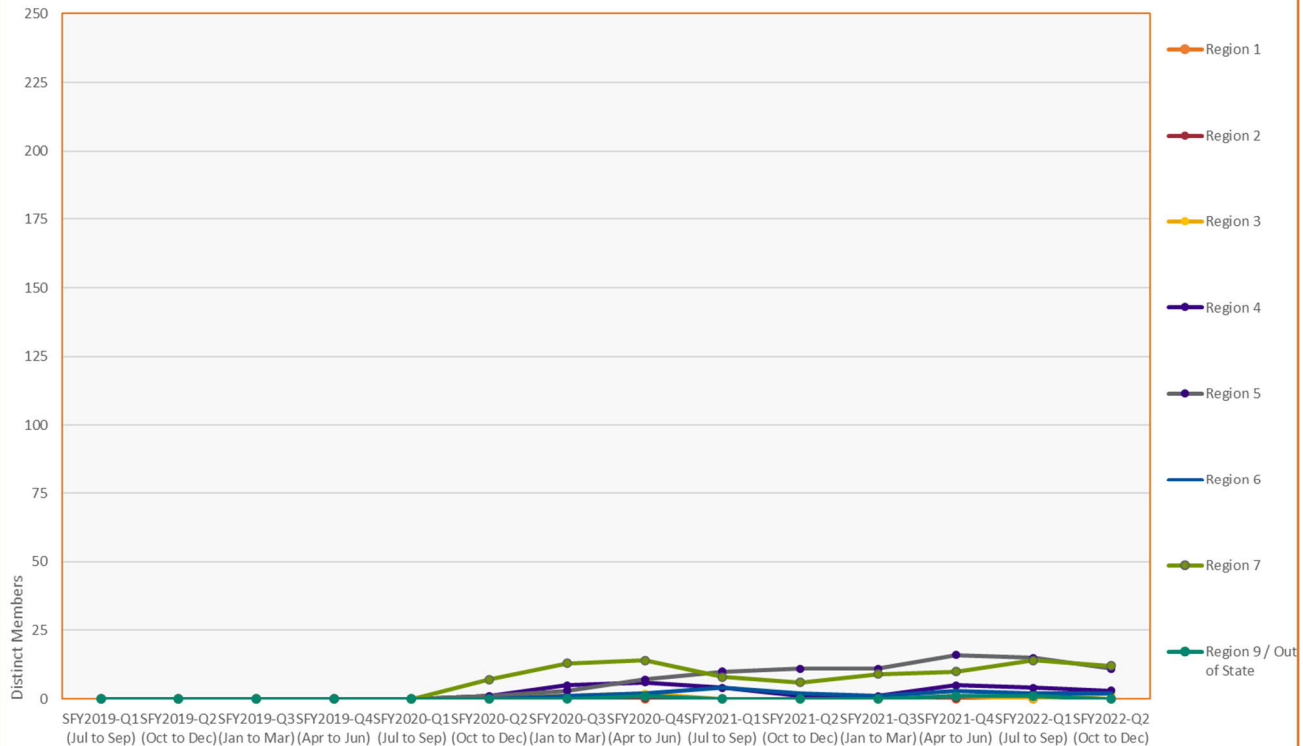
QMIA will continue to monitor the trends in use of Partial Hospitalization.

## Behavioral Health Day Treatment

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 9 / Out of State	Total
Service Date SFY-Qtr	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers
SFY2019-Q1 (Jul to Sep)	0	0	0	0	0	0	0	0	0
SFY2019-Q2 (Oct to Dec)	0	0	0	0	0	0	0	0	0
SFY2019-Q3 (Jan to Mar)	0	0	0	0	0	0	0	0	0
SFY2019-Q4 (Apr to Jun)	0	0	0	0	0	0	0	0	0
SFY2019 Distinct Total Utilizers	0	0	0	0	0	0	0	0	0
SFY2020-Q1 (Jul to Sep)	0	0	0	0	0	0	0	0	0
SFY2020-Q2 (Oct to Dec)	0	0	1	1	1	0	7	0	10
SFY2020-Q3 (Jan to Mar)	1	0	1	5	3	1	13	0	24
SFY2020-Q4 (Apr to Jun)	0	0	2	6	7	2	14	1	31
SFY2020 Distinct Total Utilizers	1	0	2	7	8	3	20	1	41
SFY2021-Q1 (Jul to Sep)	0	0	0	4	10	4	8	0	26
SFY2021-Q2 (Oct to Dec)	0	0	0	1	11	2	6	0	19
SFY2021-Q3 (Jan to Mar)	0	0	0	1	11	1	9	0	21
SFY2021-Q4 (Apr to Jun)	0	0	1	5	16	3	10	1	34
SFY2021 Distinct Total Utilizers	0	0	1	10	26	8	24	1	66
SFY2022-Q1 (Jul to Sep)	0	0	0	4	15	2	14	1	35
SFY2022-Q2 (Oct to Dec)	0	0	2	3	11	2	12	0	30
SFY2022 Distinct Total Utilizers	0	0	2	4	19	3	20	1	48



### Behavioral Health Day Treatment Distinct Utilizers by Quarter - SFY19-Q1 to SFY22-Q2, Ages 0 to 17 Only



#### What is this data telling us?

There is no research indicating expected need for Day Treatment.

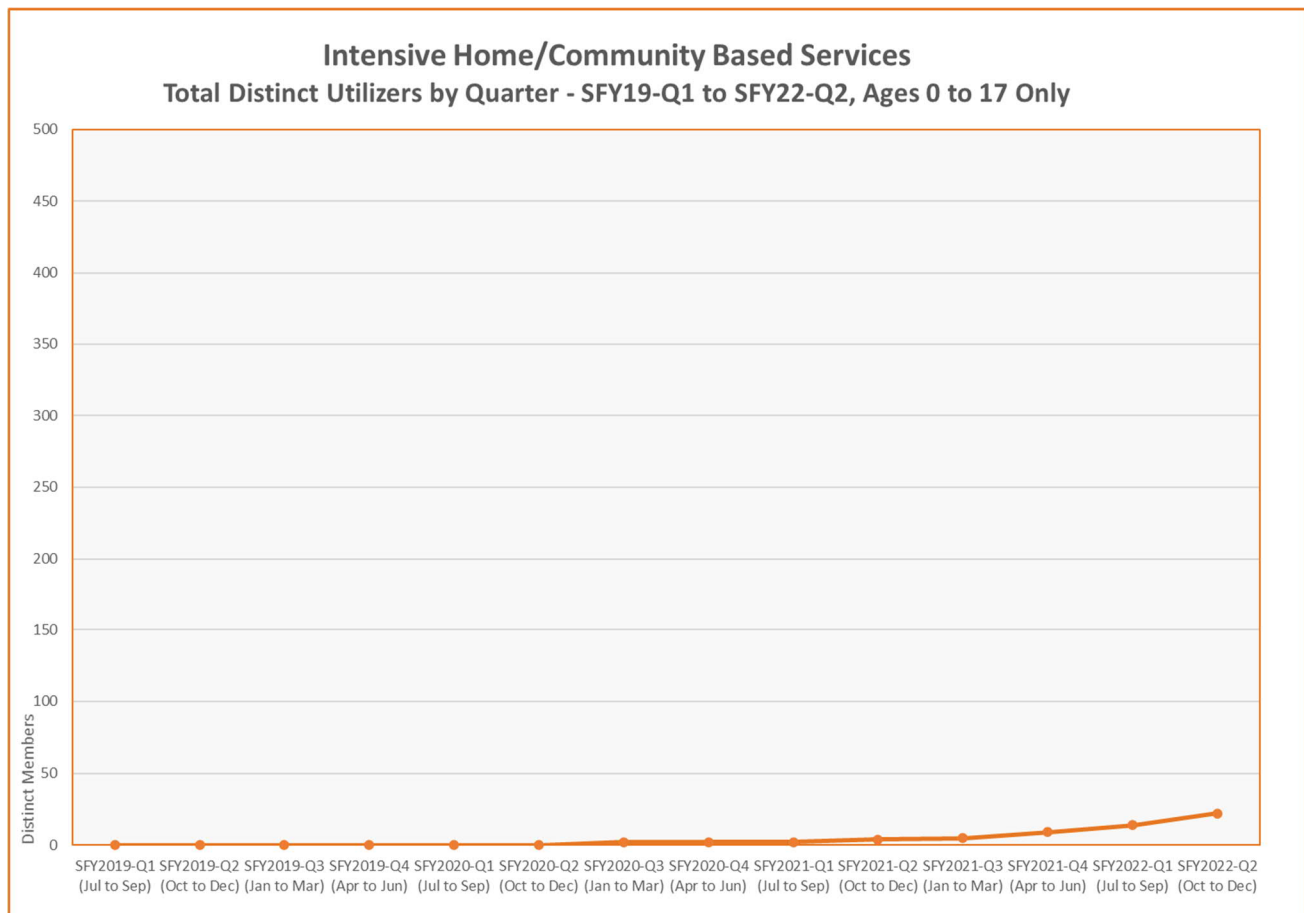
Services have been increasing in Region 5 and remained stable in Region 7.

There are no services in Regions 1 and 2 and very limited services in Regions 3, 4, and 6.

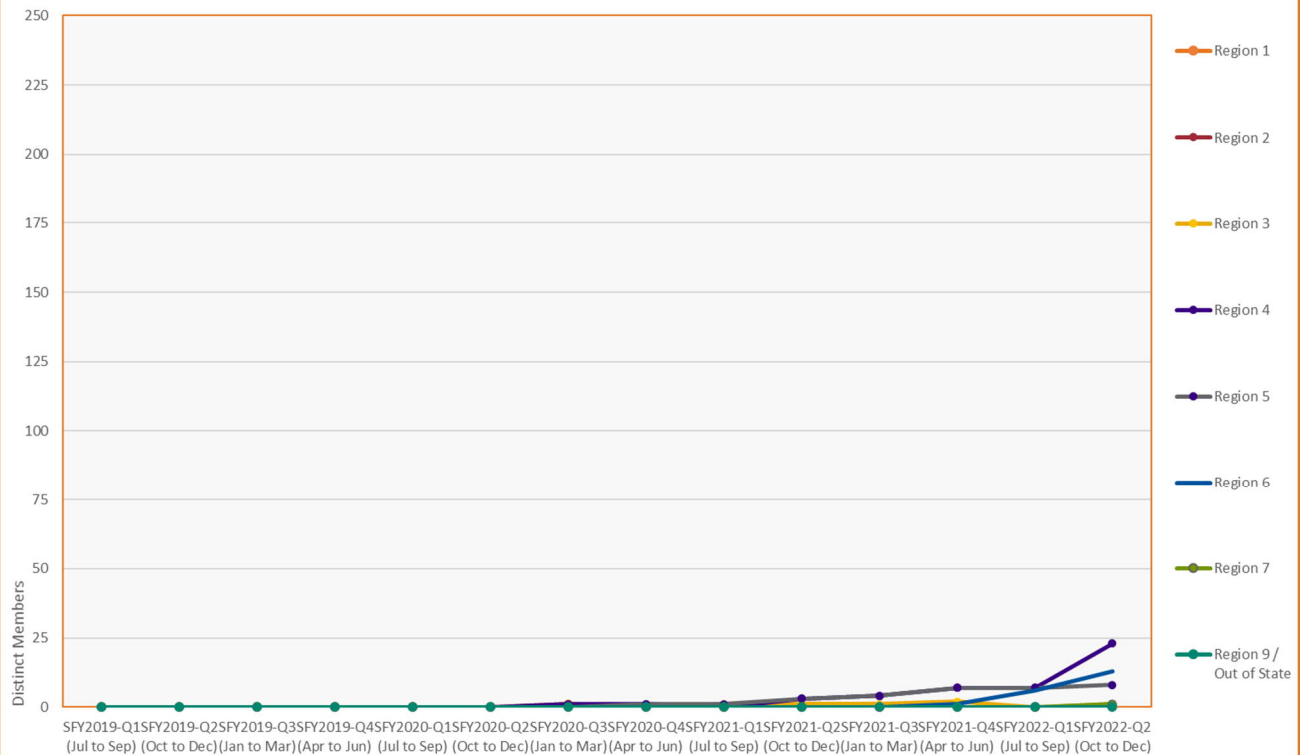
The QMIA Council will continue to monitor the trends in use of Behavioral Health Day Treatment.

## Intensive Home/Community Based Services (IHCBS)

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 9 / Out of State	Total
Service Date SFY-Qtr	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers
SFY2019-Q1 (Jul to Sep)	0	0	0	0	0	0	0	0	0
SFY2019-Q2 (Oct to Dec)	0	0	0	0	0	0	0	0	0
SFY2019-Q3 (Jan to Mar)	0	0	0	0	0	0	0	0	0
SFY2019-Q4 (Apr to Jun)	0	0	0	0	0	0	0	0	0
SFY2019 Distinct Total Utilizers	0	0	0	0	0	0	0	0	0
SFY2020-Q1 (Jul to Sep)	0	0	0	0	0	0	0	0	0
SFY2020-Q2 (Oct to Dec)	0	0	0	0	0	0	0	0	0
SFY2020-Q3 (Jan to Mar)	1	0	0	1	0	0	0	0	2
SFY2020-Q4 (Apr to Jun)	0	0	0	1	1	0	0	0	2
SFY2020 Distinct Total Utilizers	1	0	0	1	1	0	0	0	1
SFY2021-Q1 (Jul to Sep)	0	0	1	0	1	0	0	0	2
SFY2021-Q2 (Oct to Dec)	0	0	1	3	3	0	0	0	4
SFY2021-Q3 (Jan to Mar)	0	0	1	4	4	0	0	0	5
SFY2021-Q4 (Apr to Jun)	0	0	2	7	7	1	0	0	9
SFY2021 Distinct Total Utilizers	0	0	1	9	9	1	0	0	12
SFY2022-Q1 (Jul to Sep)	0	0	0	7	7	6	0	0	14
SFY2022-Q2 (Oct to Dec)	0	0	1	23	8	13	1	0	22
SFY2022 Distinct Total Utilizers	0	0	1	7	11	13	1	0	26



### Intensive Home/Community Based Services Distinct Utilizers by Quarter - SFY19-Q1 to SFY22-Q2, Ages 0 to 17 Only



#### What is this data telling us?

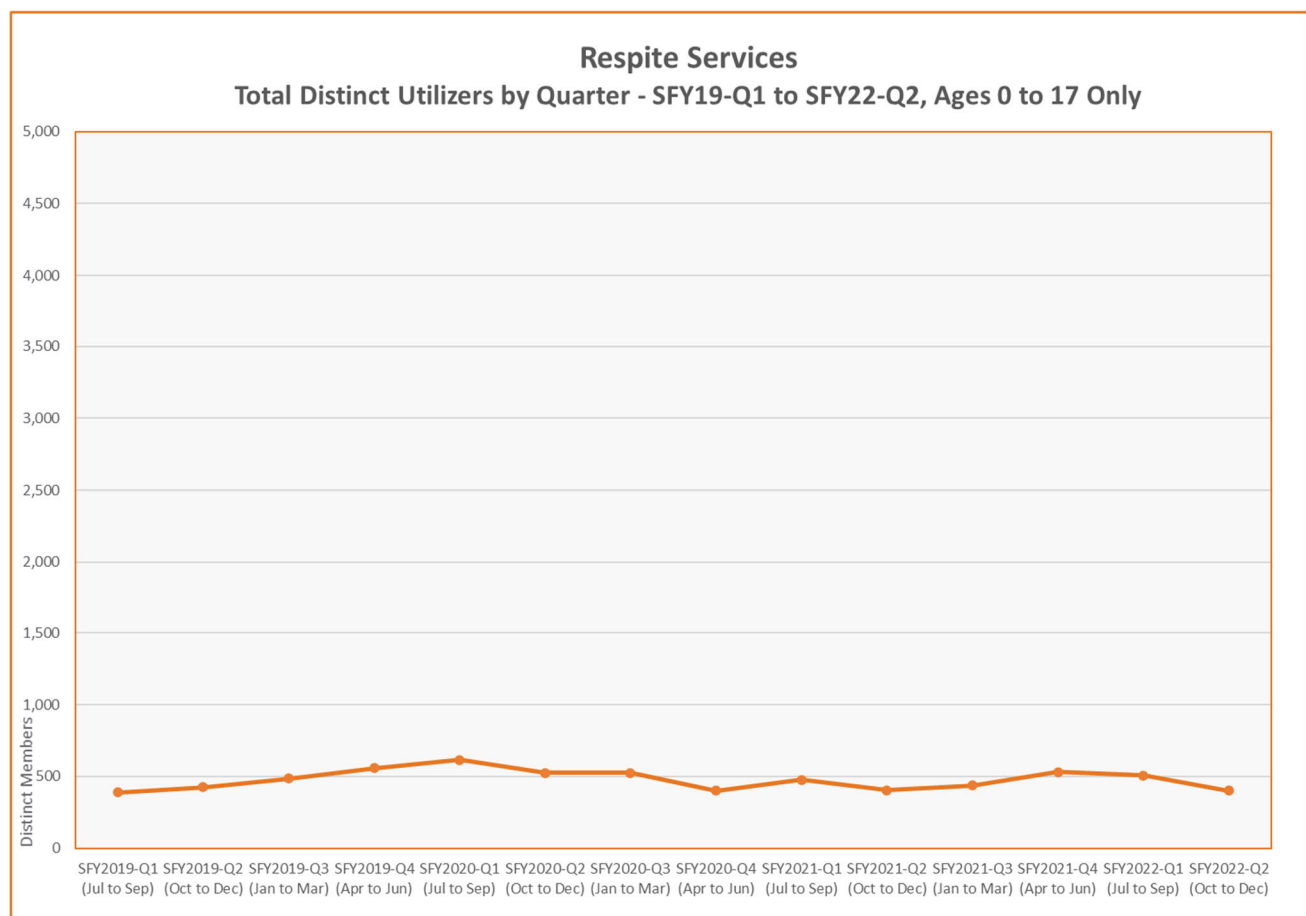
There is no research indicating expected need for Intensive Home/Community Based Services.

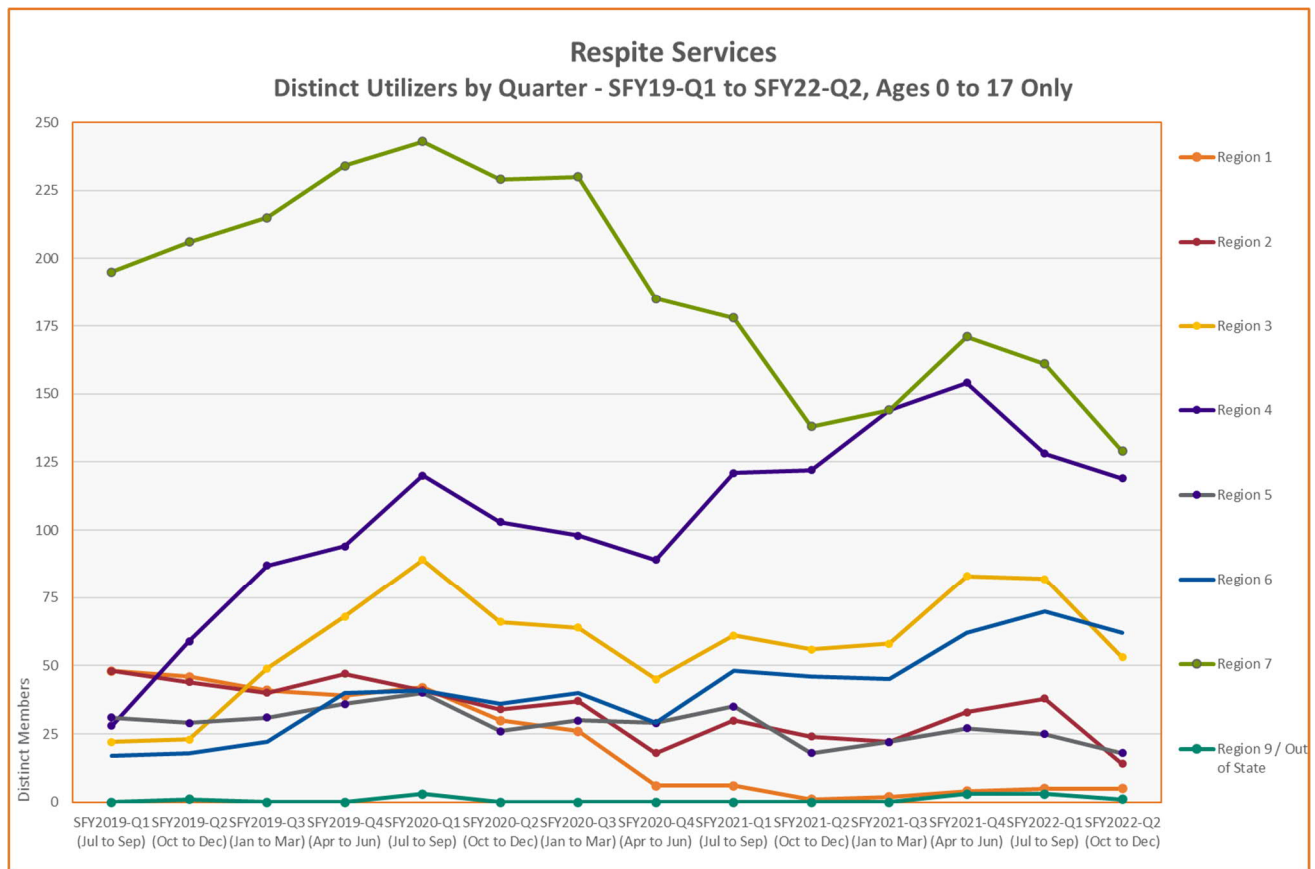
There is very small number of children/youth receiving IHCBS statewide. There are no IHCBS in Regions 1 or 2 and extremely limited services across the remainder of the state. However, services in Regions 4 and 6 appear to be increasing.

The QMIA Council will continue to monitor the trends in use of Intensive Home/Community Based Services.

## Respite Services

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 9 / Out of State	Total
Service Date SFY-Qtr	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers
SFY2019-Q1 (Jul to Sep)	48	48	22	28	31	17	195	0	388
SFY2019-Q2 (Oct to Dec)	46	44	23	59	29	18	206	1	425
SFY2019-Q3 (Jan to Mar)	41	40	49	87	31	22	215	0	485
SFY2019-Q4 (Apr to Jun)	39	47	68	94	36	40	234	0	557
SFY2019 Distinct Total Utilizers	66	59	84	134	53	51	297	1	738
SFY2020-Q1 (Jul to Sep)	42	41	89	120	40	41	243	3	616
SFY2020-Q2 (Oct to Dec)	30	34	66	103	26	36	229	0	524
SFY2020-Q3 (Jan to Mar)	26	37	64	98	30	40	230	0	525
SFY2020-Q4 (Apr to Jun)	6	18	45	89	29	29	185	0	401
SFY2020 Distinct Total Utilizers	54	50	116	187	63	59	339	3	868
SFY2021-Q1 (Jul to Sep)	6	30	61	121	35	48	178	0	476
SFY2021-Q2 (Oct to Dec)	1	24	56	122	18	46	138	0	404
SFY2021-Q3 (Jan to Mar)	2	22	58	144	22	45	144	0	437
SFY2021-Q4 (Apr to Jun)	4	33	83	154	27	62	171	3	531
SFY2021 Distinct Total Utilizers	8	39	114	219	51	87	256	3	763
SFY2022-Q1 (Jul to Sep)	5	38	82	128	25	70	161	3	508
SFY2022-Q2 (Oct to Dec)	5	14	53	119	18	62	129	1	400
SFY2022 Distinct Total Utilizers	6	40	86	155	31	78	172	3	566





#### What is this data telling us?

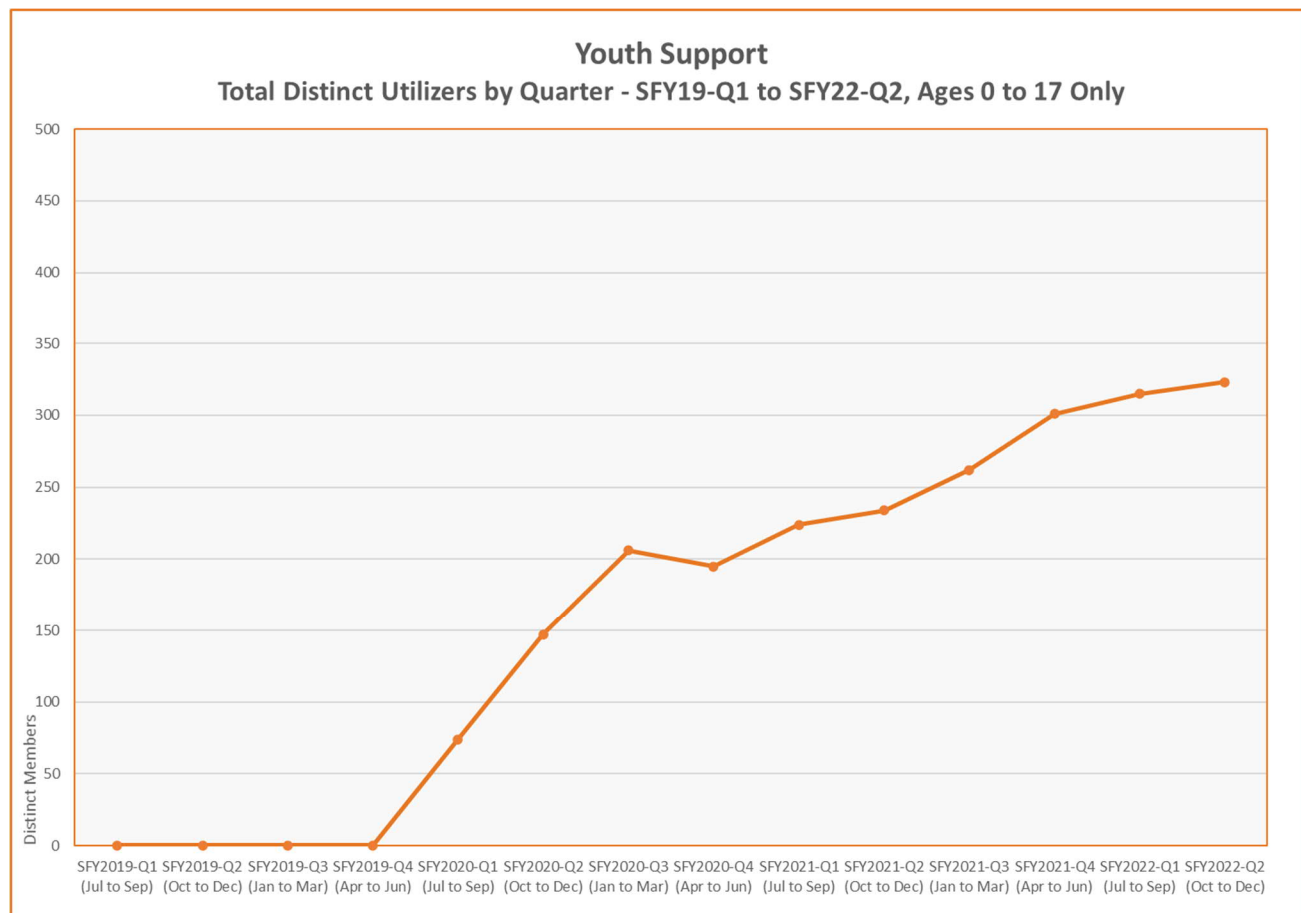
There is little or no research on predicting the need for Respite care, although research in 2000 by Eric Bruns does indicate better outcomes for families receiving Respite.

Respite services are available statewide. It is notable that while Region 7 and Region 4 have consistently utilized Respite services, Region 1 appears to be very underserved.

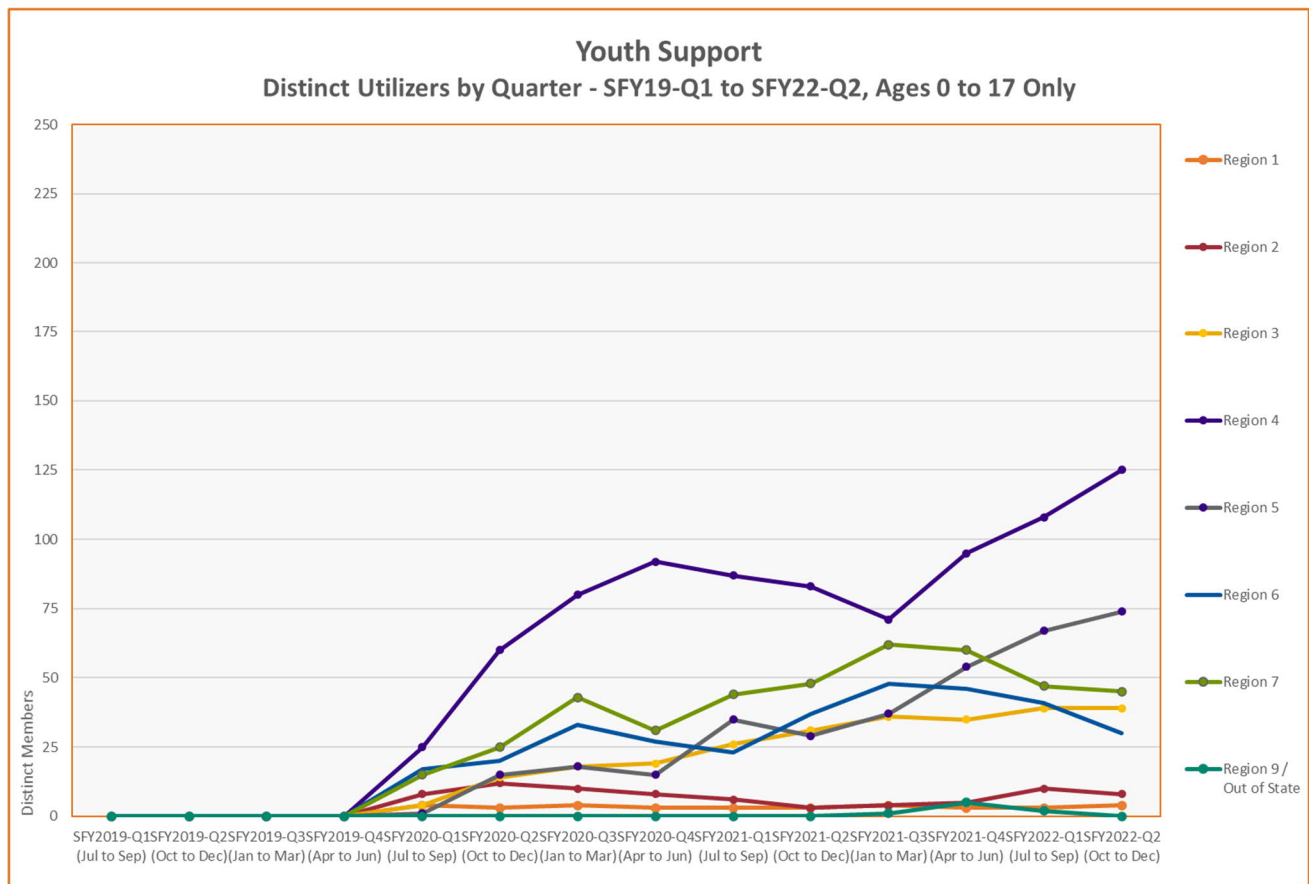
**Note:** Respite care is also provided through vouchers by DBH.

## Youth Support Services

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 9 / Out of State	Total
Service Date SFY-Qtr	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers
SFY2019-Q1 (Jul to Sep)	0	0	0	0	0	0	0	0	0
SFY2019-Q2 (Oct to Dec)	0	0	0	0	0	0	0	0	0
SFY2019-Q3 (Jan to Mar)	0	0	0	0	0	0	0	0	0
SFY2019-Q4 (Apr to Jun)	0	0	0	0	0	0	0	0	0
SFY2019 Distinct Total Utilizers	0	0	0	0	0	0	0	0	0
SFY2020-Q1 (Jul to Sep)	4	8	4	25	1	17	15	0	74
SFY2020-Q2 (Oct to Dec)	3	12	14	60	15	20	25	0	147
SFY2020-Q3 (Jan to Mar)	4	10	18	80	18	33	43	0	206
SFY2020-Q4 (Apr to Jun)	3	8	19	92	15	27	31	0	195
SFY2020 Distinct Total Utilizers	9	20	29	126	26	57	64	0	329
SFY2021-Q1 (Jul to Sep)	3	6	26	87	35	23	44	0	224
SFY2021-Q2 (Oct to Dec)	3	3	31	83	29	37	48	0	234
SFY2021-Q3 (Jan to Mar)	4	4	36	71	37	48	62	1	262
SFY2021-Q4 (Apr to Jun)	3	5	35	95	54	46	60	5	301
SFY2021 Distinct Total Utilizers	4	9	51	156	84	87	108	6	496
SFY2022-Q1 (Jul to Sep)	3	10	39	108	67	41	47	2	315
SFY2022-Q2 (Oct to Dec)	4	8	39	125	74	30	45	0	323
SFY2022 Distinct Total Utilizers	4	16	47	155	86	47	62	2	415







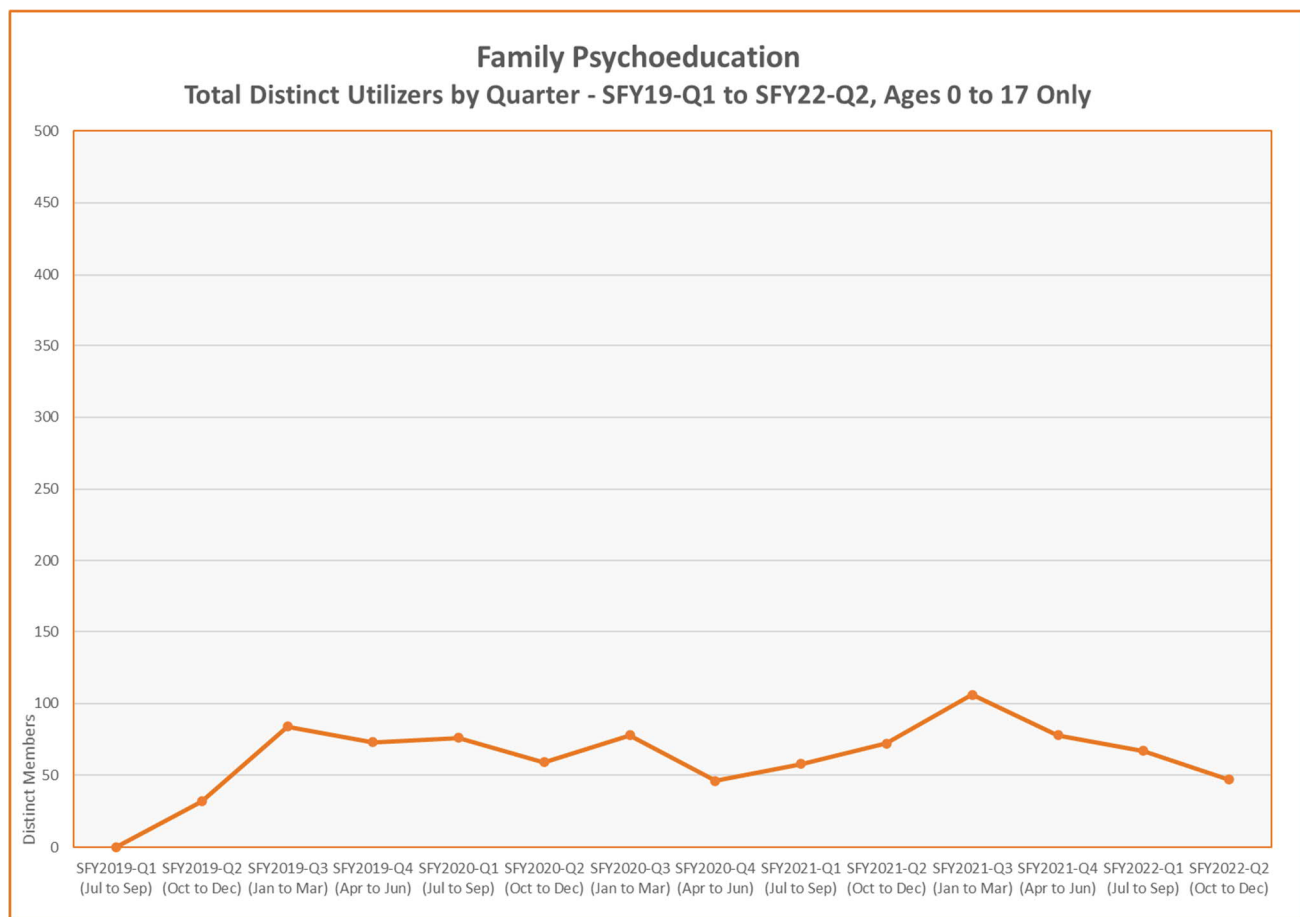
#### What is this data telling us?

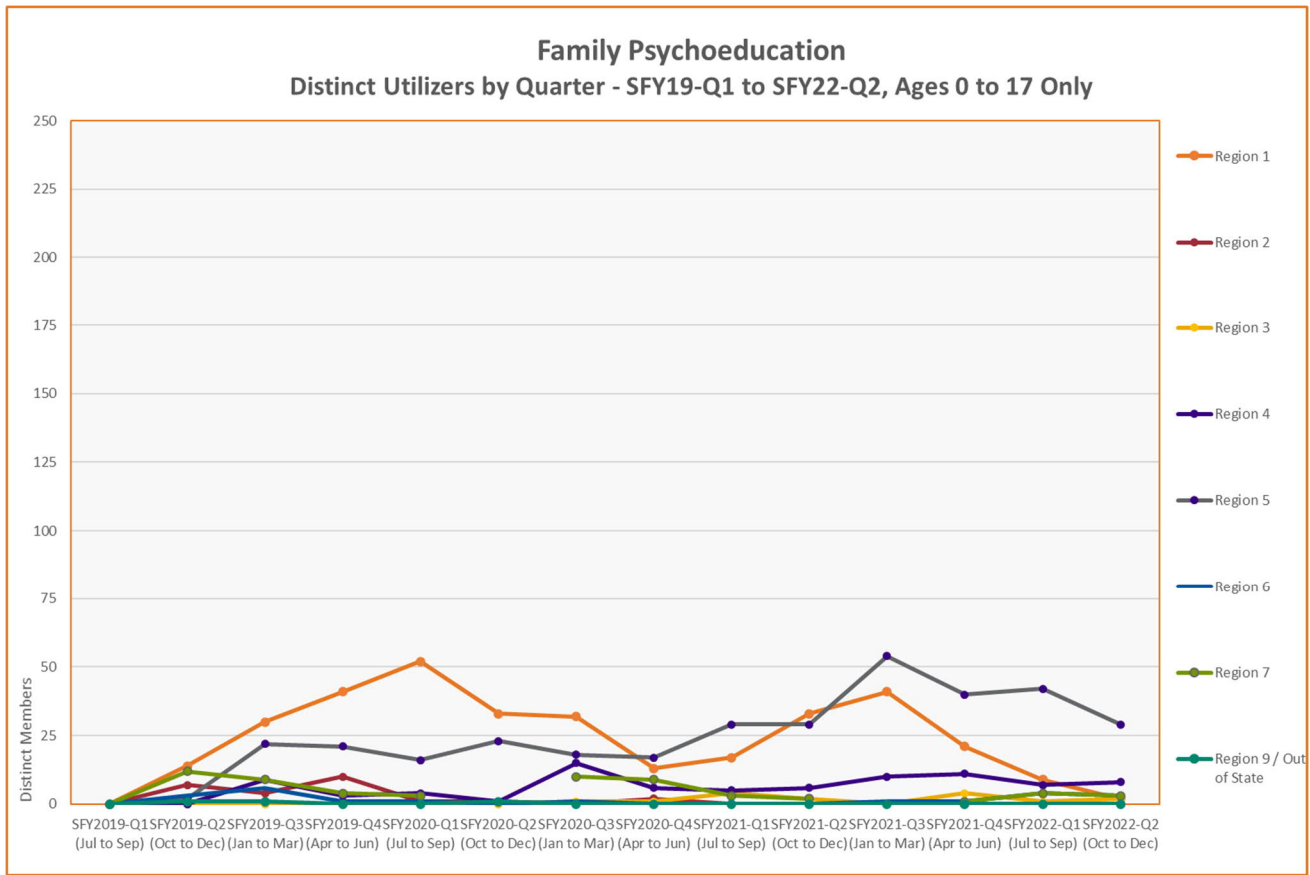
There is no research indicating expected need for Youth Peer Support Services.

There was quite a substantial increase in the use of Youth Peer Support services in Q1 and Q2 of SFY 2022 compared to SFY 2021.

## Family Psychoeducation

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 9 / Out of State	Total
Service Date SFY-Qtr	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers
SFY2019-Q1 (Jul to Sep)	0	0	0	0	0	0	0	0	0
SFY2019-Q2 (Oct to Dec)	14	7	0	0	2	3	12	1	32
SFY2019-Q3 (Jan to Mar)	30	4	0	9	22	6	9	1	84
SFY2019-Q4 (Apr to Jun)	41	10	0	3	21	1	4	0	73
SFY2019 Distinct Total Utilizers	57	0	0	12	45	10	23	1	157
SFY2020-Q1 (Jul to Sep)	52	1	0	4	16	1	3	0	76
SFY2020-Q2 (Oct to Dec)	33	1	0	1	23	0		1	59
SFY2020-Q3 (Jan to Mar)	32	0	1	15	18	1	10	0	78
SFY2020-Q4 (Apr to Jun)	13	2	1	6	17	0	9	0	46
SFY2020 Distinct Total Utilizers	73	0	1	24	72	2	22	1	197
SFY2021-Q1 (Jul to Sep)	17	0	4	5	29	0	3	0	58
SFY2021-Q2 (Oct to Dec)	33	0	2	6	29	0	2	0	72
SFY2021-Q3 (Jan to Mar)	41	0	0	10	54	1		0	106
SFY2021-Q4 (Apr to Jun)	21	0	4	11	40	1	1	0	78
SFY2021 Distinct Total Utilizers	62	0	10	30	140	2	6	0	250
SFY2022-Q1 (Jul to Sep)	9	0	1	7	42	4	4	0	67
SFY2022-Q2 (Oct to Dec)	2	0	2	8	29	3	3	0	47
SFY2022 Distinct Total Utilizers	11	0	3	14	66	7	7	0	108





#### What is this data telling us?

There is no research indicating expected need for family psychoeducation.

Region 5 seems to have maintained or increased family psychoeducation services. There are no services in Region 2, and very limited services in Regions 1, 3, 4, 6, and 7.

QMIA will continue to monitor the trends in use family psychoeducation.

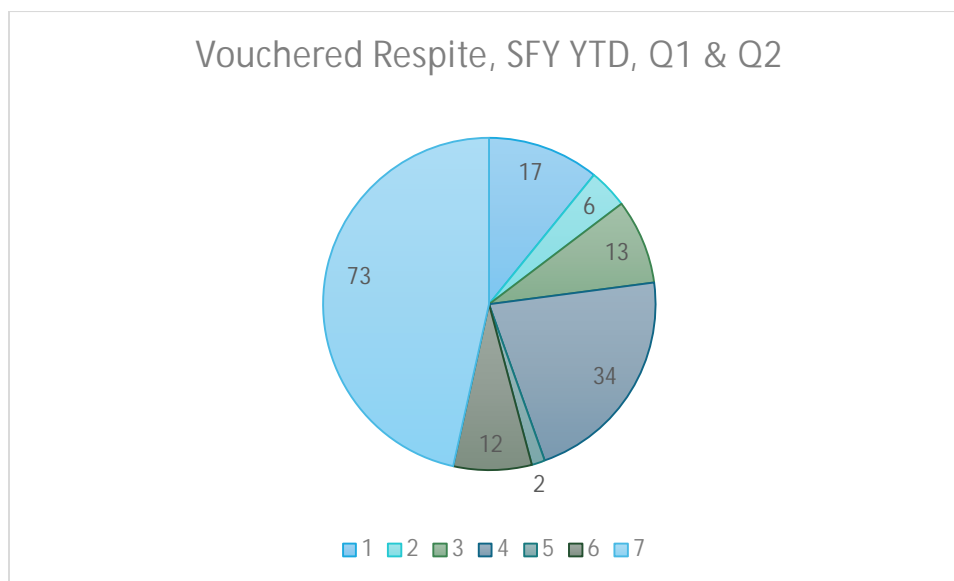
## 6. YES DBH Outpatient Service Utilization

### DBH Vouchered Respite

The Children's Mental Health Voucher Respite Care program is available to parents or caregivers of youth with serious emotional disturbance to provide short-term or temporary respite care by friends, family, or other individuals in the family's support system. Through the voucher program, families pay an individual directly for respite services and are then reimbursed by the division's contractor. A single voucher may be issued for up to \$600 for six months per child. Two vouchers can be issued per child per year.

Table 5 - Vouchered Respite SFY22 (Q1 and Q2)

Regions	1	2	3	4	5	6	7	Total
July	2	1	1	8	0	2	13	27
Aug	3	0	3	5	0	5	7	23
Sept	4	3	0	6	1	1	14	29
Oct	5	1	6	5	0	3	19	39
Nov	1	0	3	2	1	1	10	17
Dec	2	1	0	8	1	0	10	22
Total	17	6	13	34	2	12	73	157



### DBH Wraparound Intensive Services (WInS)

It is estimated that approximately 1,350 children and youth in Idaho may need Wraparound services. During SFY 2020, 335 children and youth received Wraparound services, 188 received Wraparound in SFY 2021, and since the initial implementation of Wraparound in Idaho, in January of 2018, 514 children and families have received WInS.

Table 6: WInS- SFY 20 and 21 and SFY 22 (Q1 & Q2)

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	Total SFY Unduplicated
SFY 2020	62	34	21	24	53	32	45	36	26	32	29	17	335
SFY 2021	19	16	34	23	24	24	19	25	27	19	24	23	188
SFY 2022 YTD	23	16	29	33	23	13							108

## DBH Parenting with Love and Limits (PLL)

The evidence-based practice called Parenting with Love and Limits (PLL) is offered through the regional DBH CMH clinics in regions across the state.

Table 7: PLL SFY 20 and 21, and SFY 22 (Q1 & Q2)

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	Total SFY Unduplicated
SFY 2020	16	17	13	11	8	6	18	13	9	12	3	12	137
SFY 2021	5	3	6	4	5	5	4	8	6	2	9	8	67
SFY 2022 YTD	7	8	0	6	3	1							25

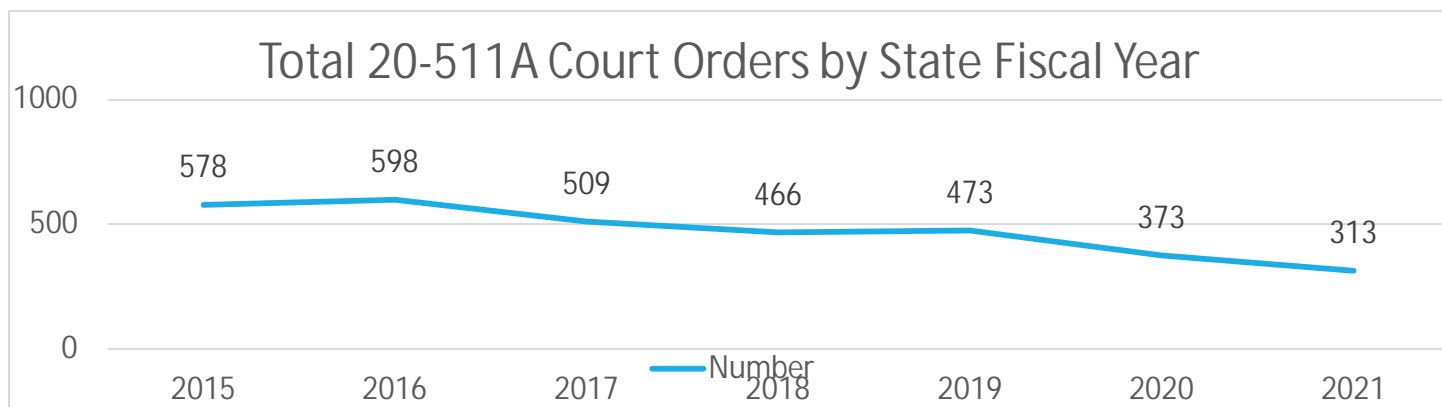
The number of families receiving PLL has continued to trend downward substantially for SFY 2022.

## DBH 20-511A:

Table 8: Number of 20-511A for SFY 2021 and SFY 2022 Q1 and Q2 by region

Region	1	2	3	4	5	6	7	Total
SFY 2021	39	6	36	77	56	19	80	313
SFY 2022 YTD	17	1	18	34	33	12	31	146

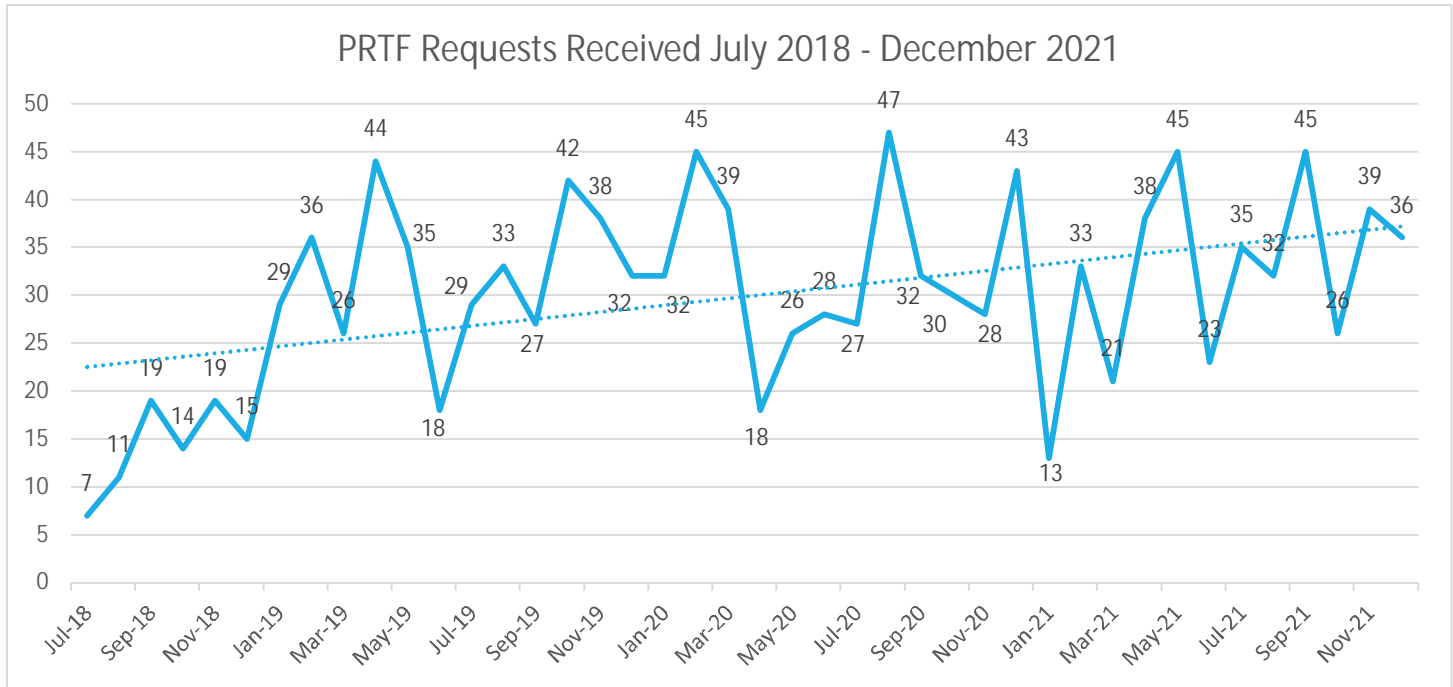
Chart 7: Historical Annualized # of Court Ordered 20-511A, SFY 2015- 2021



## 7. Medicaid Residential Placement Requests- Psychiatric Residential Treatment Facility (PRTF)

*Psychiatric Residential Treatment Facility (PRTF):*

**Chart 8: Number of PRTF Requests Monthly**



### What is this data telling us?

There continues to be a trend toward a higher overall number of requests for PRTF with an average in Q1 & Q2 of SFY 2022 of 35.5 compared to 31.7 for the FY 2021.

### PRTF Determinations

All new Medicaid placement requests received have four potential results, including those that are approved, denied, withdrawn, or technically denied/closed.

- Approved (A) – Approved for placement in Psychiatric Residential Treatment Facility (PRTF); Medicaid works with the member's family to secure a placement in an approved PRTF.
- Denied (D)– Denied placement in PRTF; Medicaid works with the member's representatives and other entities such as Optum Idaho, DBH, or FACS to set up appropriate treatment options.
- Withdrawn (W)– Requestor, such as parent, guardian, or case worker with Children's Developmental Disability (DD), if in state custody, decided not to continue with their request (represented below as W/C).
- Technically Denied or Closed (C)– Additional information requested, but not received (represented below as W/C).

Chart 9: Q1 PRTF Determinations

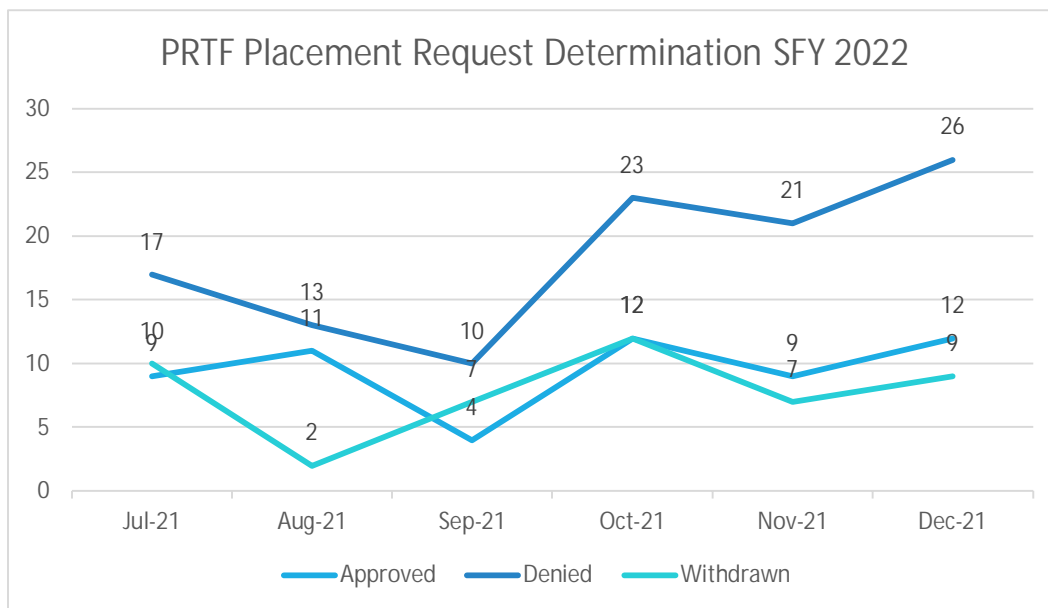


Chart 10: Historical Trends for PRTF SFY 2019, 2020 and 2021

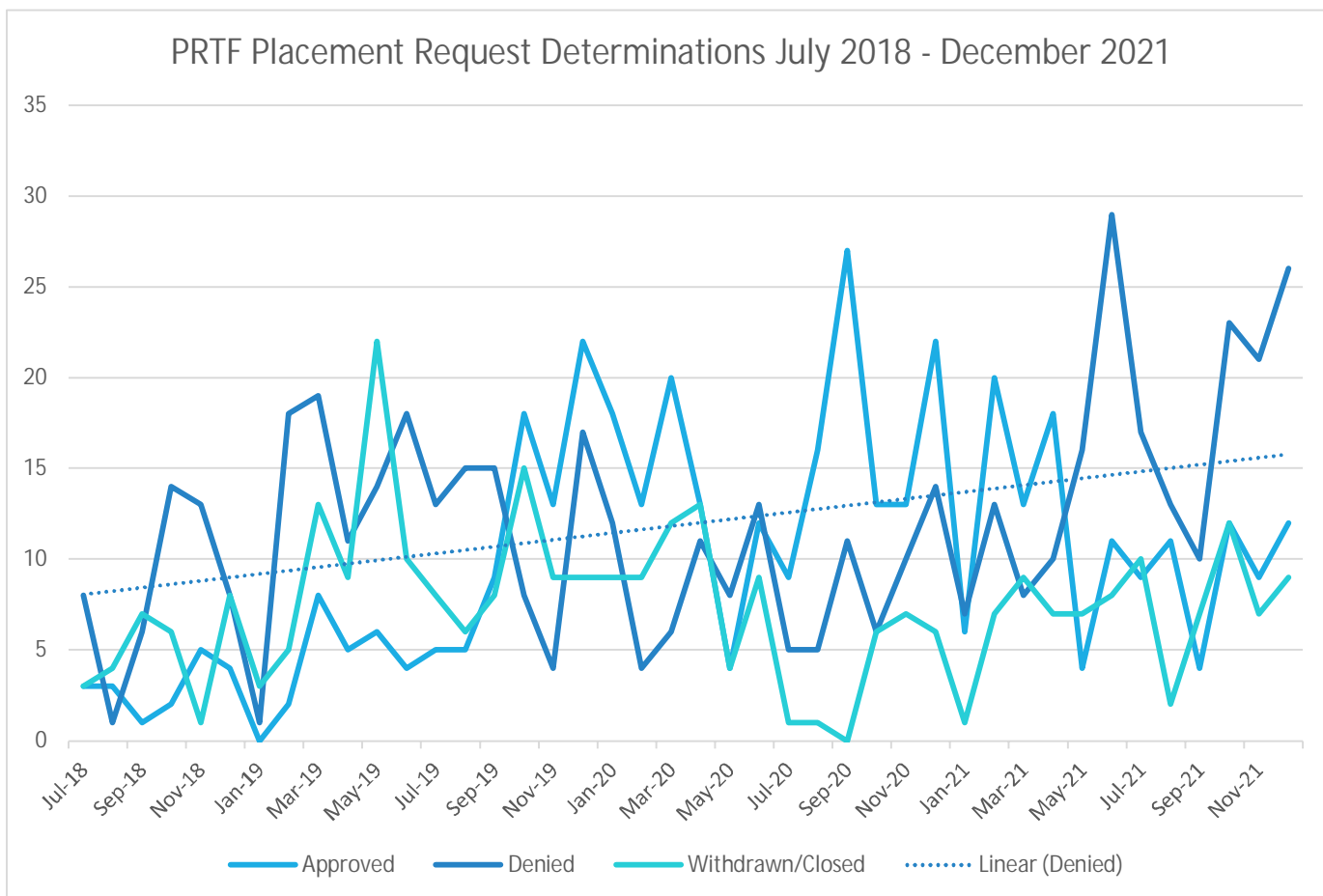


Table 9: Historical Trends for PRTF SFY 2019, 2020 and 2021

SFY	# of Placement Determinations	Approved		Withdrawn/Closed		Denied	
		#	%	#	%	#	%
SFY 2019	265	131	49.4%	91	34.3%	43	16.2%
SFY 2020	376	113	30.1%	111	29.5%	152	40.4%
SFY 2021	366	172	47.0%	60	16.4%	134	36.6%
SFY 2022 YTD Q1 & Q2	214	57	26.64%	47	21.96%	110	51.40%

**What is this data telling us?**

The number and percent of denials for PRTF have increased in SFY 2022

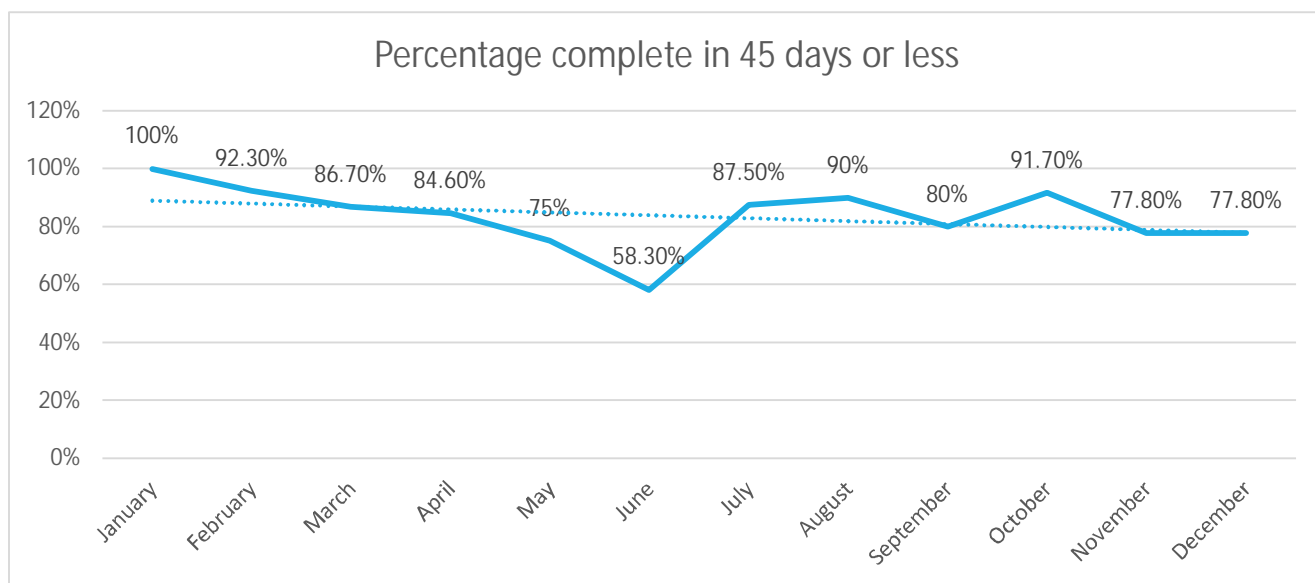
The percent of approvals dropped from 49.4% in 2019, to 20.1% in 2020, increased to 47% in 2021, and dropped again in SFY 2022 Q1 + Q2 to 26.64%.

Table10: Timeliness of Notice of Determination (NOD) PRTF Decisions

2021 Month	# NOD	# ≤ 45 days	% ≤ 45	# > 45	% > 45
January	6	6	100%	0	-
February	13	12	92.3%	1	7.7%
March	15	13	86.7%	2	13.3%
April	13	11	84.6%	2	15.4%
May	4	3	75%	1	25%
June	12	7	58.3%	5	41.7%
July	8	7	87.5%	1	12.5%
August	10	9	90%	1	10%
September	5	4	80%	1	20%
October	12	11	91.7%	1	8.3%
November	9	7	77.8%	2	22.2%
December	9	7	77.8%	2	22.2%
2021 Total	116	97	83.6%	19	16.4%



Chart 11: Percentage of PRTF applications determined in 45 days



## 8. DBH 24-hour Utilization:

### DBH Residential

Table 11: Residential Active by month SFY 2020 and 2021 and SFY 2022 (Q1 & Q2)

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	Total SFY Unduplicated
SFY 2020	8	3	4	3	2	2	4	4	6	6	6	8	18
SFY 2021	9	9	14	NA*	13	14	15	12	10	9	10	12	24
SFY 2022 YTD	12	17	16	16	18	17							

\* Data for October SFY 2021 is not available as there was a change in how data was being collected.

DBH is seeing an increased number of residential placements SFY 2022 YTD vs. SFY 2020 and 2021.

### DBH State Hospital – Includes State Hospital South (SHS) Adolescent Unit and State Hospital West (SHW) which opened in May 2021

Table 12: SHS/SHW Active by month SFY 2020 and 2021 and SFY 2022 (Q1 & Q2)

	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total SFY Unduplicated
SFY 2020	17	20	18	18	22	21	21	23	25	24	25	21	101
SFY 2021	28	24	30	NA*	19	20	16	19	17	17	15	8	69
SFY 2022 YTD	18	15	13	11	12	12							

\*Data for October SFY 2021 is not available as there was a change in how data was being collected

### DBH SHS/SHW Readmission Incidents (not unique individuals)

Table 13: SFY 2017 -20 21 and SFY 2022 (Q1 & Q2)

Range of days to Readmission	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021 SHS**	SFY 2021 SHW**	SFY 2022 Q1	SFY 2022 Q2
Re-admission 30 days or less	0	0	0	1	0	0	0	0
Re-admission 31 to 90 day	5	6	2	3	0	0	0	0
Re-admission 90 to 180 days	4	1	6	2	0	0	0	1
Re-admission 181 to 365 days	5	6	7	4	0	0	0	0
Re-admission more than 365 days	11	9	9	7	3	0	0	0

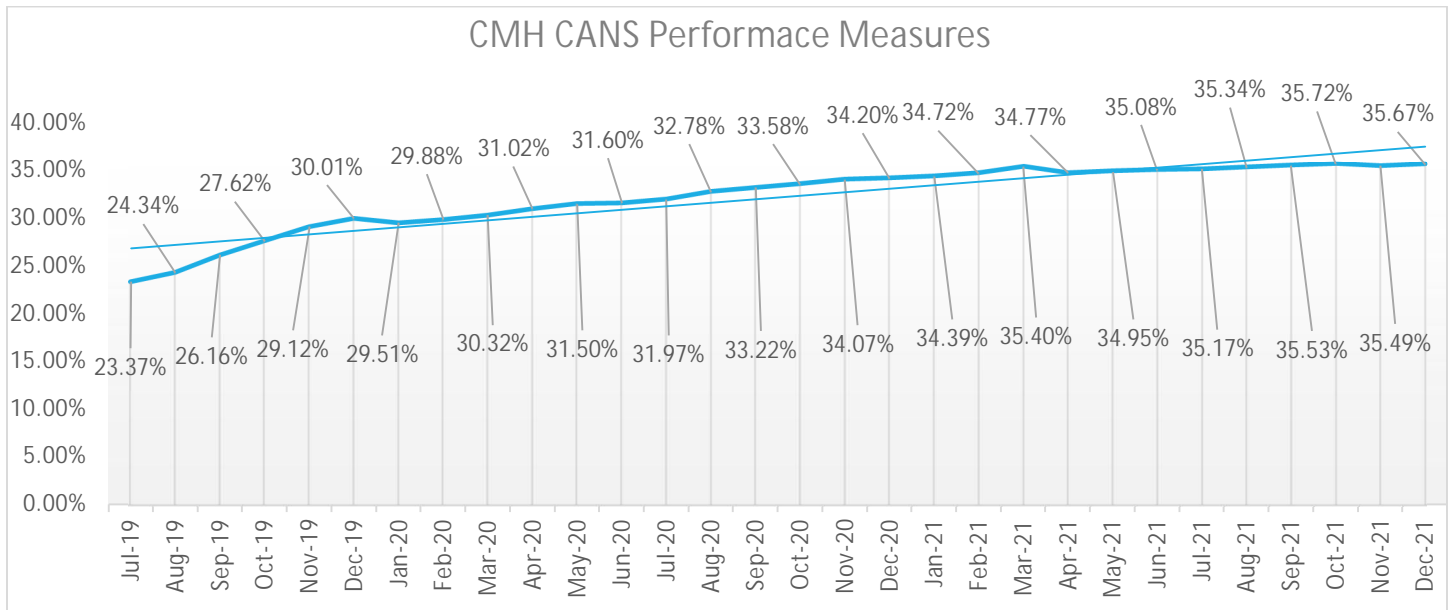
DBH has been tracking the trend of readmissions incidents for SHS/SHW. It is notable that the number of incidents within 30 days has been extremely low. The only year in which there was a readmission within 30 days was 2020 and the rate of readmission for that year is still 1% (1/101=.99%). It is also notable that the number of readmission incidents has declined steadily over the past 4 years.

\*\*SHS closed its adolescent unit in April/May 2021 and State Hospital West began accepting adolescent admissions in May 2021. The QMIA-Q report began adding in State Hospital West data in Q4 SFY 2021.

## 9. YES Service Outcomes

YES services are leading to improved outcomes. In Q2 of SFY 2022 the percent of children and youth whose overall rating improved at least one level (e.g., from a 3 to a 2, or a 2 to 1) increased to 35.67%.

Chart 12: CMH CANS ratings continue to demonstrate improvement in outcomes.



**Note:** Outcomes data includes all children who received outpatient services but does not exclude children who received other services in addition to outpatient.

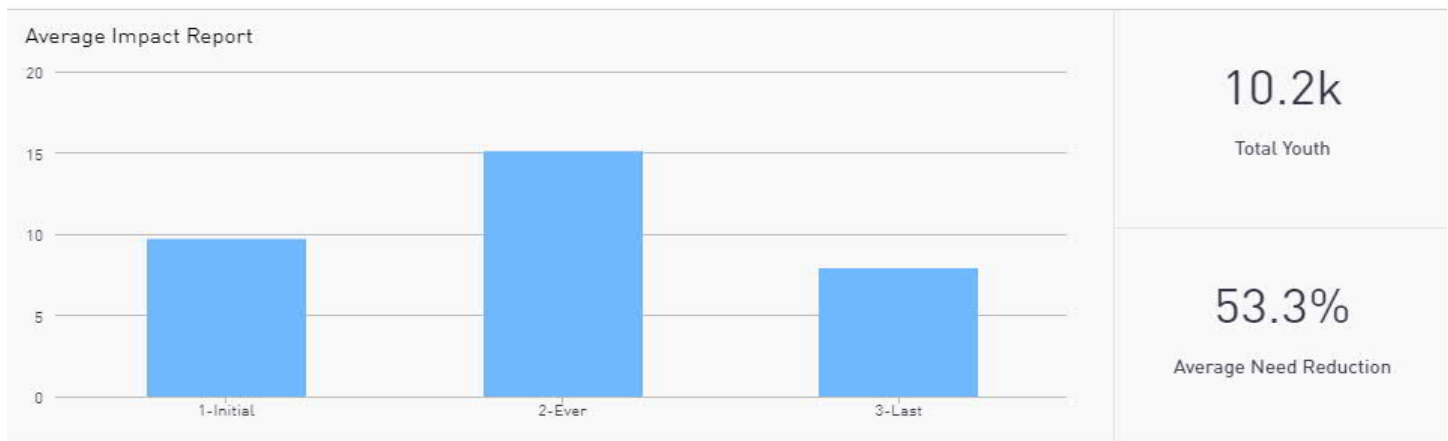
### Additional data about improvements based on CANS data:

#### Average Impact

**Purpose:** This chart provides an overview of need reduction over time and can be used to assess the average impact the system of care is having on the individuals it serves.

##### Data Notes:

- This chart only includes individuals that had a first CANS any time on or after 18 months prior to the end of the current reporting quarter. In addition, Individuals on this chart must have received at least 3 CANS and the time difference between the first and last CANS must be greater than 90 days.
- The Average Need Reduction is calculated based on Ever to Last using the formula:  $(\text{Ever} - \text{Last}) / \text{Ever}$ .
- This chart only includes the Behavioral, Caregiver, Culture, Life Functioning and Risk Behaviors domains.



## Additional data about change over time

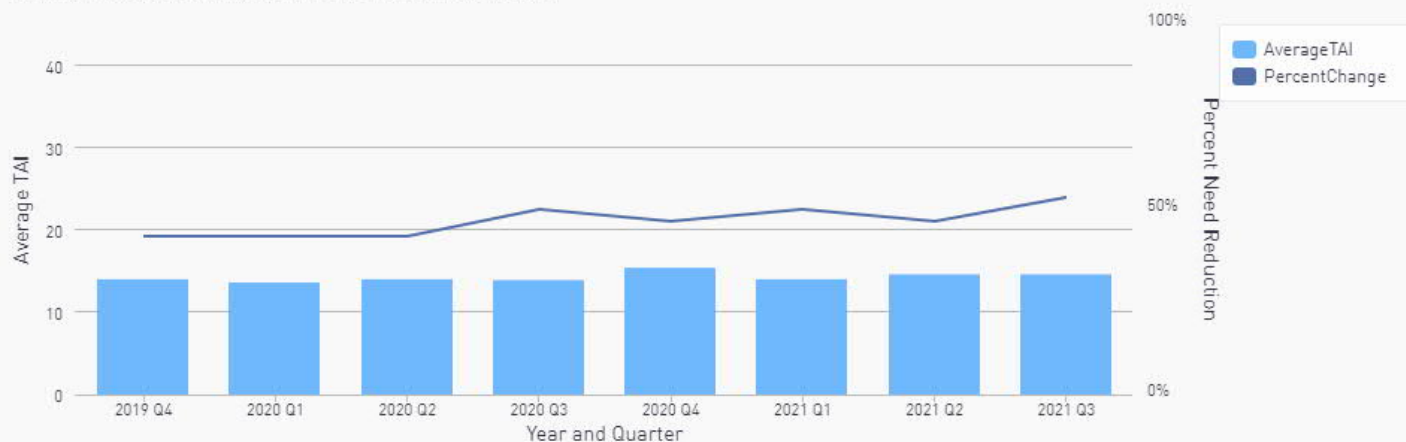
### Change Over Time Trend – Average TAI and Percent Need Reduction by Quarter and Year

**Purpose:** this chart provides the trends of average Ever Total Actionable Items (TAI) and the percent need reduction (from Ever to Last). This allows the program to see trends in change patterns and can serve as a benchmark when implementing new practice/policy strategies.

**Data Notes:**

- The bars in this chart represent the average Total Actionable Items (TAI) Ever for each quarter.
- The line represents the average percent of need reduction (based on Ever to Last) for each quarter.
- This chart only includes the Behavioral, Caregiver, Culture, Life Functioning and Risk Behaviors domains.
- This chart includes a rolling 2-year period and is updated quarterly. In addition, Individuals on this chart must have received at least 3 CANS and the time difference between the first and last CANS must be greater than 90 days.

Average TAI and Average % Need Reduction by Quarter



## **10. Family involvement with Quality Improvement**

### **The QMIA Family Advisory Subcommittee (Q-FAS)**

The Family Advisory Subcommittee (Q-FAS) presents an opportunity for YES partners to gather information and learn from current issues that families often have to deal with in accessing the children's mental health system of care. Q-FAS solicits input from family members and family advocates on families' experiences accessing and using YES services. The feedback received about successes, challenges, and barriers to care is used to identify areas that need increased focus and to prioritize quality improvement projects. This subcommittee helps to guide YES partners work, providing children, youth, and families in Idaho access to appropriate and effective mental health care.

The QFAS has developed a list of barriers to care that have been identified. Some of the barriers have been noted only one time and other have been noted more than once:

#### **Summary of Barriers to Care**

<b>Area</b>	<b>Noted issues</b>
Access to care	Services not available within reasonable distance Services not coordinated between mental health and DD Waitlist for Respite and Family Support Partners Respite process through Medicaid too demanding due to need for updated CANS
Clinical care	Repeating the CANS with multiple providers is traumatic Diagnosis not accurate Therapist not knowledgeable of de-escalation techniques Stigmatization and blaming attitudes towards families Families need more information about services is (e.g., Case Management)
Outpatient services	No service providers in the area where family needs care Services needed were not available, so families are referred to the service that are available Not enough expertise in services for high-needs kids (TBRI, Family Preservation) Some services only available through other systems: DD, Judicial Families having to find services themselves based on just a list of providers - and even the lists at times being too old to be useful
Crisis services	Access to immediate care had to go through detention Safety Plans not developed with family or not effective
24 hour services: Hospitals/Residential	Not enough local beds Length of time for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) determination Support needed by families during the EPSDT process, and after while waiting for placement Medication changes without input from family Family not involved in discharge planning Family threatened with charges of abandonment or neglect Children with high needs and repeat admissions may be denied access Child not in hospital long enough for meds to take effect Care in local residential facilities does not provide specialized care that is needed
School issues	Too long to get an Individualized Education Plan (IEP) School makes choices that don't match needs of the child Safety Plans from schools not developed with family input
Other family concerns	Too many appointments and other children with needs Need one case manager/TCC type person Information on how access care not available Transportation not available Gas vouchers only at specific gas stations

## Overview of YES Complaints

A total of 46 YES complaints, and one appeal, have been received in SFY 2022 during Q1 and Q2.

*Table 1: YES Complaints Q1 and Q2 (full report published on YES Website)*

	YES	Optum	EPSDT	MTM	Liberty	IDJC	FACS	SDE*	Total
Q1	7	6	0	8	0	5	0	-	26
Q2	0	4	0	10	1	5	0	-	20
SFY Q1 & Q2	7	10	0	18	1	10	0	-	46

## 11. YES Quality review processes

In SFY 2022, YES will continue to use two types of quality reviews to assess the quality of services being delivered and evaluate the integration of the YES Principles of Care into the system of care.

### Family Experience Survey

The initial letters for the SFY 2022 Family Experience Survey were mailed out on Feb 8<sup>th</sup>, and the surveys were mailed out on Feb 14<sup>th</sup>. A follow up post card was mailed on Feb 21<sup>st</sup> and a final letter sent to those who did not respond yet was sent March 9<sup>th</sup>. The survey period closed on March 23<sup>rd</sup>. The 2022 survey continued to ask for input about most of the same items so that system improvement can be assessed and areas needing focus will be identified and targeted for improvement projects. Results from the 2022 Survey will be available in June.

*Table 14: Summary of Family Surveys SFY 2020, 2021*

	2020 Result	2021 Result
<b>Family Centered Care</b>		
Provider encourages me to share what I know about my child/youth	85%	85%
The goals we are working on are the ones I believe are most important	88%	88%
My child and I are the main decision makers	79%	83%
<b>Family and Youth Voice and Choice</b>		
Provider respects me as an expert on my child/youth	82%	85%
The assessment completed by the provider accurately represents my child/youth	78%	81%
My youth/child is an active participant in planning services	58%	67%
My child/youth has the opportunity to share his/her own ideas when decisions are made	72%	83%
I know who to contact if I have a concern or complaint about my provider	62%	68%
<b>Strengths-Based Care</b>		
Services focus on what my child/youth is good at, not just problems	78%	84%
Provider discusses how to use things we are good at to overcome problems	70%	77%
<b>Individualized Care</b>		
Provider makes suggestions about what services might benefit my child/youth	75%	76%
Provider suggests changes when things aren't going well	69%	74%
Provider leads discussion of how to make things better when services are not working	62%	69%
<b>Community-Based Service array</b>		
My family can easily access the services my child needs	61%	71%
Meetings occur at times and locations that are convenient for me	79%	83%
<b>Collaborative/Team -Based Care</b>	65%	73%
<b>Culturally Competent Care</b>	92%	93%
<b>Outcome-Based Care</b>	73%	75%
<b>Adequacy of Safety/Crisis Planning</b>		
Provider helped make a safety/crisis plan	48%	60%
I feel confident that my child/youth's safety/crisis plan will be useful	54%	61%
<b>Total</b>	<b>71.5%</b>	<b>76.8%</b>

## Quality Review (QR)

The purpose of the YES Quality Review is to:

- Objectively assess and improve clinical practice and program effectiveness systemwide
- Identify YES program strengths and needs
- Develop actionable information based on specific clinical practice (why things happen)
- Identify targeted areas of clinical practice for system improvement

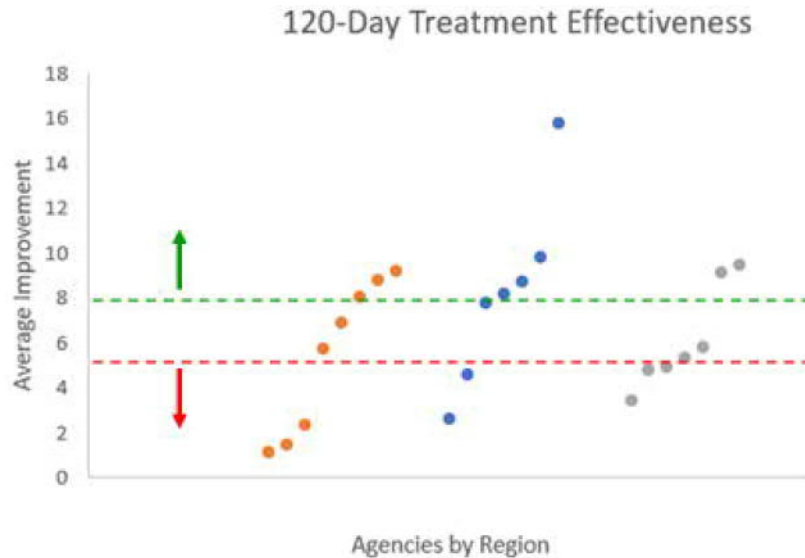
The QR process will include interviews with youth and families, record reviews, and interviews with clinical staff and supervisors involved in treatment.

In order for the 2022 Quality Review to focus on better identifying **clinical** root causes of shortages of high-quality intensive community treatment services specific questions to be answered such as:

1. What are the youth and caregivers' experience of barriers to accessing and engaging in and maintaining intensive community-based treatment services?
2. To what extent are providers serving youth with intensive treatment needs with care that is timely, appropriate, collaborative and ultimately effective? Why are or aren't they providing intensive treatment needs with care that is timely, appropriate, collaborative and ultimately effective?
3. What capacity do providers currently have for intensive community-based treatment? Capacity vs capability - do they have the ability to do the services (example Wraparound) and capacity issues as well?
4. What state-level barriers and supports impact the expansion of intensive community-based treatment?

The QR review process will be implemented between March and June of 2022. A methodology for identifying providers based on treatment effectiveness was developed by the QR consultant an example of the analysis is shown below.

*Chart 14: Methodology for identifying providers for QR*



Agencies across the spectrum were identified and contacted at the end of February. Interviews with families and youth will be scheduled starting in March. Record review and interviews with clinical staff and supervisors will take place in April. The report will be published in the summer of 2022. Results of the QR process will be utilized to help identify best practices and support quality improvement in clinical practice and program performance.

## 12. YES Medicaid Expenditures

As of the report run date (11/15/21), the total dollars paid for services rendered to members between the ages of 0 to 17 during SFY22-Q1 decreased over the previous quarter (SFY21-Q4 to SFY22-Q1). The decrease was observed in all regions. While there was a decrease over the previous quarter, Year over Year (YoY) (SFY21-Q1 to SFY22-Q1) expenditures increased by 2.6%.

Quarter over Quarter (QoQ) (SFY21-Q1 to SFY22-Q1): -12.3%

Year over Year (YoY) (SFY21-Q1 to SFY22-Q1): 2.6%

Table 15: SFY 2021 and SFY 2022, Q1 & Q2

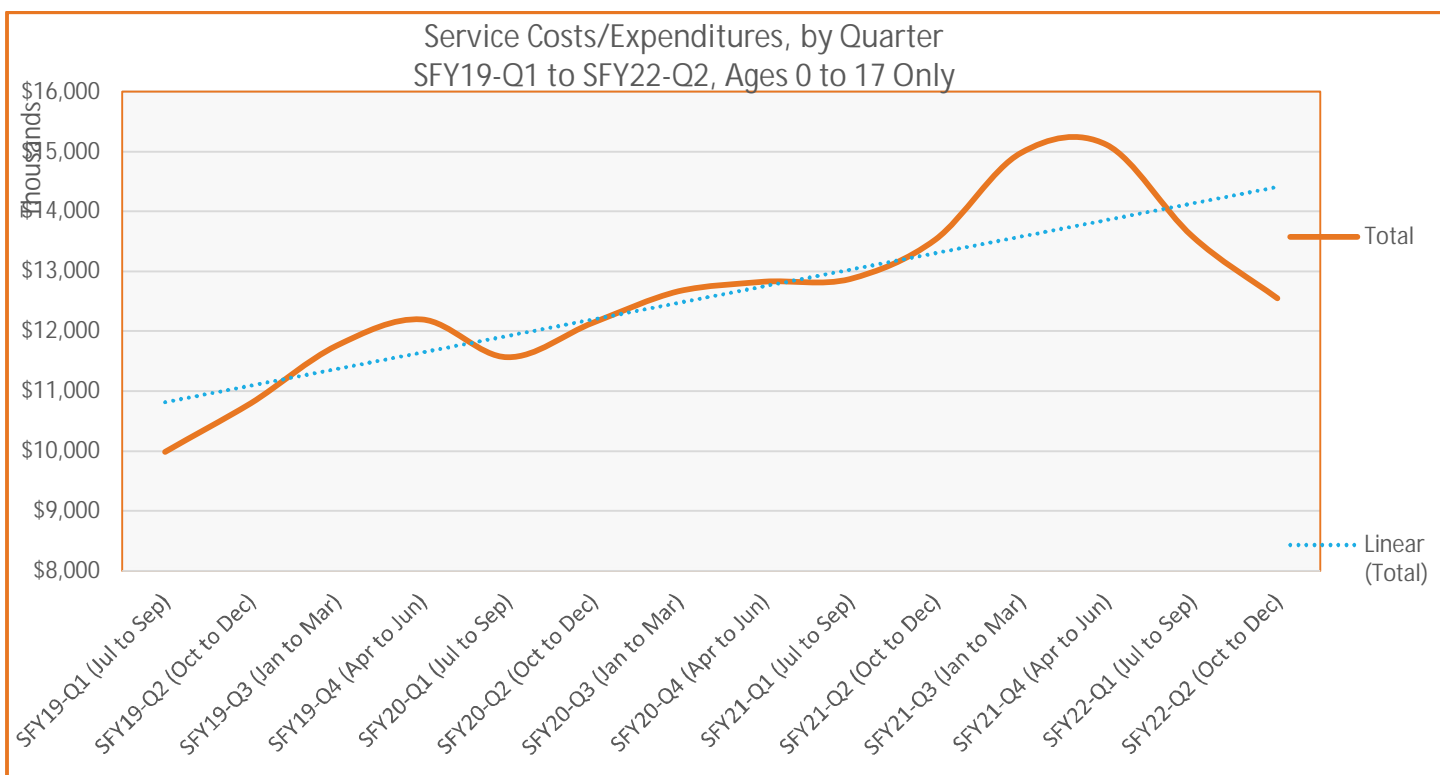
Region.	SFY21-Q1 (Jul to Sep)	SFY21-Q2 (Oct to Dec)	SFY21-Q3 (Jan to Mar)	SFY21-Q4 (Apr to Jun)	SFY22-Q1 (Jul to Sep)	SFY22-Q2 (Oct to Dec)
Region 1	1,990,371.79	2,158,830.14	2,403,957.94	2,409,927.29	1,920,425.81	1,633,512.85
Region 2	352,286.99	329,233.44	362,851.15	403,851.38	400,227.40	285,282.72
Region 3	2,316,762.03	2,463,319.39	2,852,077.99	2,681,896.72	2,311,662.74	2,286,515.88
Region 4	3,010,425.91	3,072,143.99	3,475,923.99	3,639,819.74	3,366,563.51	3,305,003.70
Region 5	1,020,963.39	1,294,011.80	1,364,278.70	1,463,136.16	1,309,631.68	1,165,345.29
Region 6	1,218,848.44	1,231,121.28	1,362,486.57	1,395,136.47	1,325,953.31	1,184,939.37
Region 7	2,946,320.76	2,974,072.38	3,144,340.18	3,092,758.19	2,931,117.42	2,672,235.56
Region 9/Out of State	23,093.02	13,695.97	17,809.75	30,305.65	23,308.07	17,472.86
<b>Total</b>	<b>12,879,072.33</b>	<b>13,536,428.39</b>	<b>14,983,726.27</b>	<b>15,116,831.60</b>	<b>13,588,889.94</b>	<b>12,550,308.23</b>

Table 16: SFY 2019 and SFY 2020

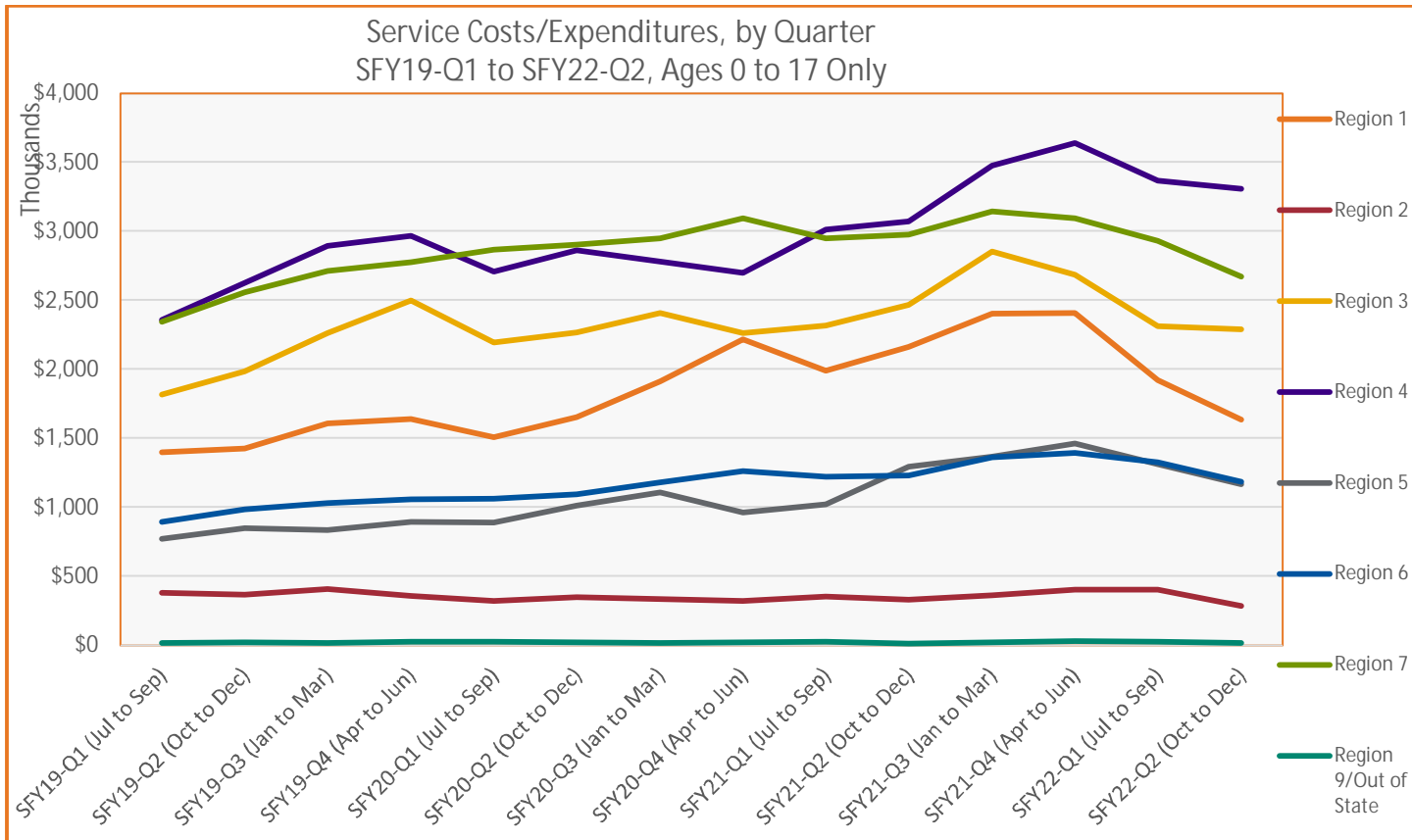
Region.	SFY19-Q1 (Jul to Sep)	SFY19-Q2 (Oct to Dec)	SFY19-Q3 (Jan to Mar)	SFY19-Q4 (Apr to Jun)	SFY20-Q1 (Jul to Sep)	SFY20-Q2 (Oct to Dec)	SFY20-Q3 (Jan to Mar)	SFY20-Q4 (Apr to Jun)
Region 1	\$ 1,401,287	\$ 1,425,126	\$ 1,607,447	\$ 1,640,457	\$ 1,507,908	\$ 1,648,906	\$ 1,901,682	\$ 2,196,376
Region 2	\$ 380,943	\$ 366,544	\$ 407,471	\$ 356,614	\$ 320,376	\$ 347,238	\$ 332,142	\$ 317,964
Region 3	\$ 1,818,948	\$ 1,984,479	\$ 2,262,676	\$ 2,496,251	\$ 2,190,600	\$ 2,265,892	\$ 2,401,451	\$ 2,262,152
Region 4	\$ 2,357,817	\$ 2,624,914	\$ 2,891,160	\$ 2,963,930	\$ 2,704,689	\$ 2,859,468	\$ 2,775,816	\$ 2,696,874
Region 5	\$ 774,344	\$ 847,167	\$ 833,016	\$ 891,339	\$ 890,428	\$ 1,011,994	\$ 1,104,224	\$ 961,124
Region 6	\$ 896,258	\$ 984,169	\$ 1,028,336	\$ 1,057,313	\$ 1,061,088	\$ 1,091,127	\$ 1,179,493	\$ 1,259,197
Region 7	\$ 2,344,737	\$ 2,554,547	\$ 2,712,035	\$ 2,775,606	\$ 2,865,871	\$ 2,900,643	\$ 2,945,821	\$ 3,093,279
Region 9/Out of State	\$ 15,942	\$ 18,734	\$ 17,717	\$ 22,661	\$ 25,347	\$ 19,386	\$ 17,249	\$ 18,692
<b>Total</b>	<b>\$9,990,276</b>	<b>\$10,805,681</b>	<b>\$11,759,859</b>	<b>\$12,204,171</b>	<b>\$11,566,306</b>	<b>\$12,144,654</b>	<b>\$12,657,878</b>	<b>\$12,805,658</b>



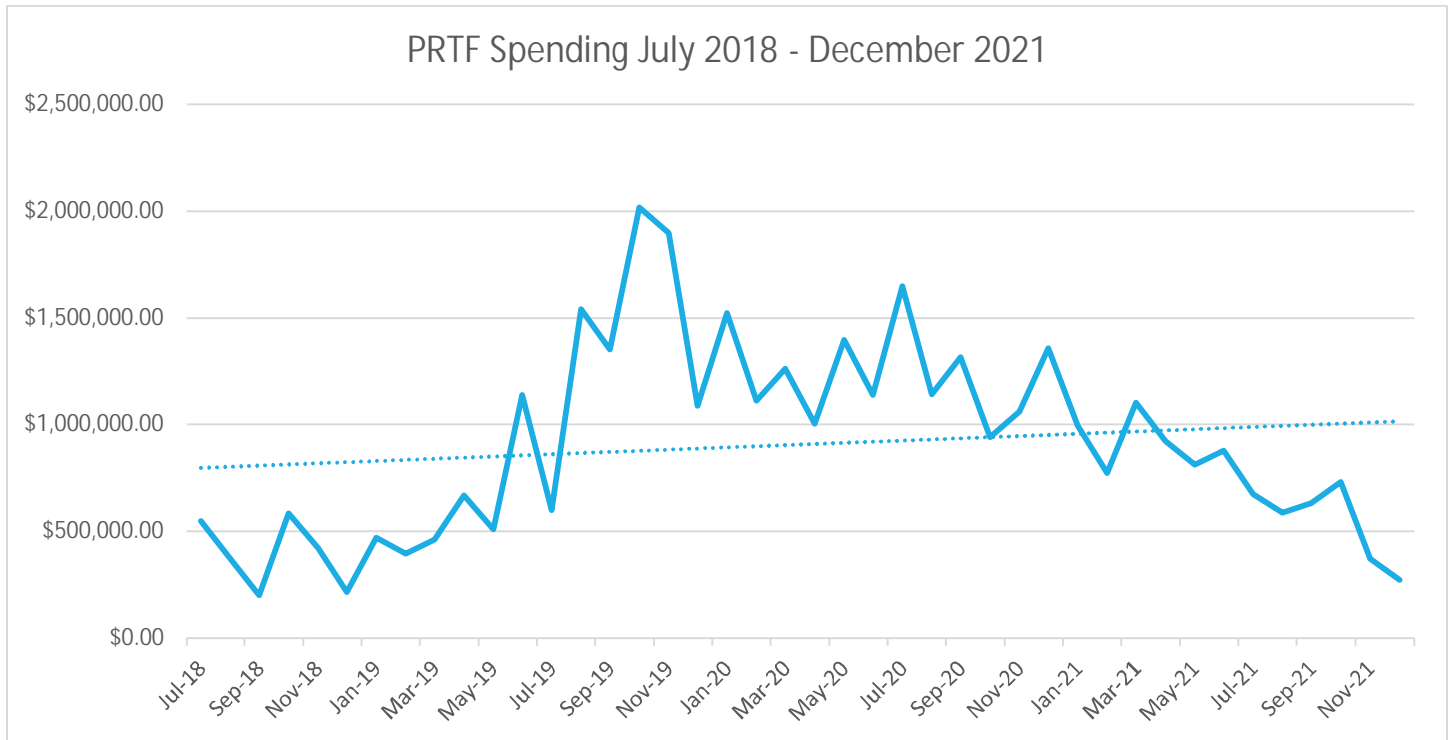
**Chart 15: Medicaid Service Expenditures**



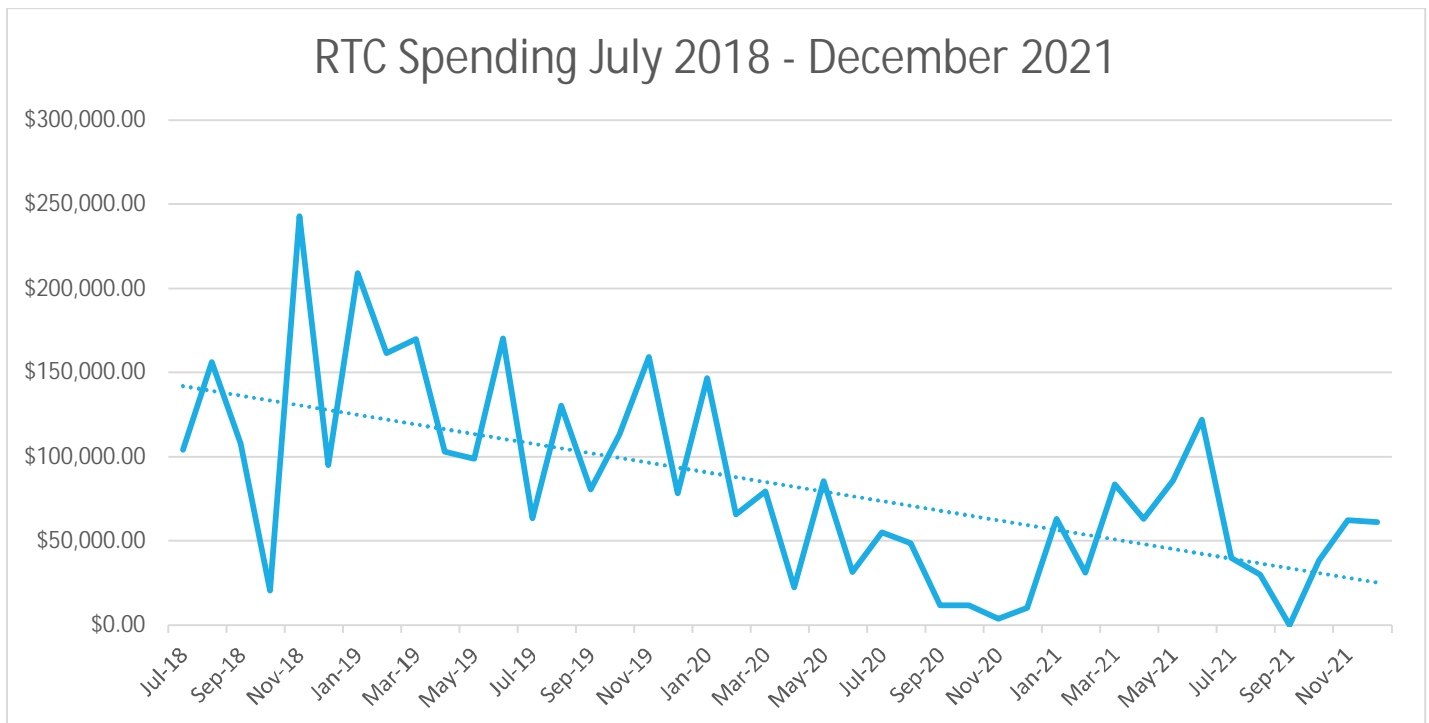
**Chart 16: Medicaid Service Expenditures by Region**



**Chart 17: PRTF Expenditures July 2018- Dec 2021**



**Chart 18: RTC Expenditures July 2018- Dec 2021**



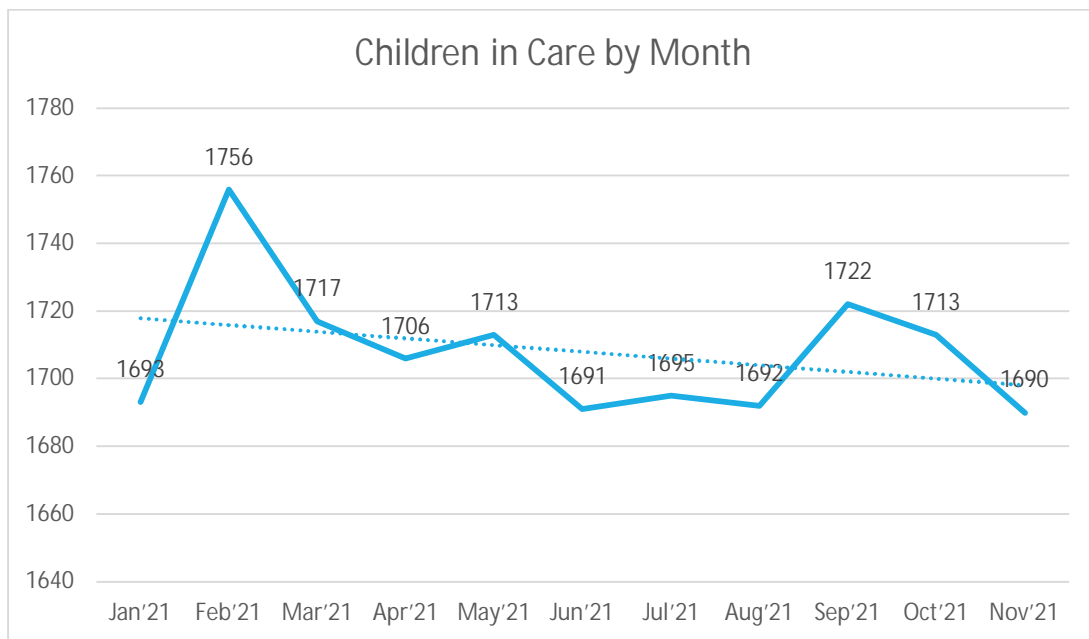
## [Additional YES Data](#)

### **13. YES Partners Information**

#### **Family and Community Services (FACS)**

DBH and FACS are working together on a plan for including data on children and youth in foster care in future QMIA-Q reports. We will be collaborating on data that will allow us to assess children in foster care who have had a CANS. The data is delayed this quarter based on some changes in the Division of FACS but will be included in future QMIA-Q reports.

*Chart 19: SFY 2022, 2Q Number of Children active in Foster Care by month*



Note: Counts in the above chart have been updated to reflect point-in-time data pulled from the new FACS data system. Variances in counts from prior reports are due to a combination of system and methodology changes for FACS data collection and reporting, and ongoing data entry in the system.

## **Idaho Department of Juvenile Corrections**

### **About IDJC**

When a youth is committed to IDJC, they are thoroughly assessed in the Observation and Assessment (O&A) units during the initial duration of their time in commitment. During O&A, best practice assessments (including determining SED status via documentation provided from system partners) determine the risks and needs of juveniles in order to determine the most suitable program placement to meet the individual and unique needs of each youth. Youth may be placed at a state juvenile corrections center or a licensed contract facility to address criminogenic risk and needs. Criminogenic needs are those conditions that contribute to the juvenile's delinquency most directly.

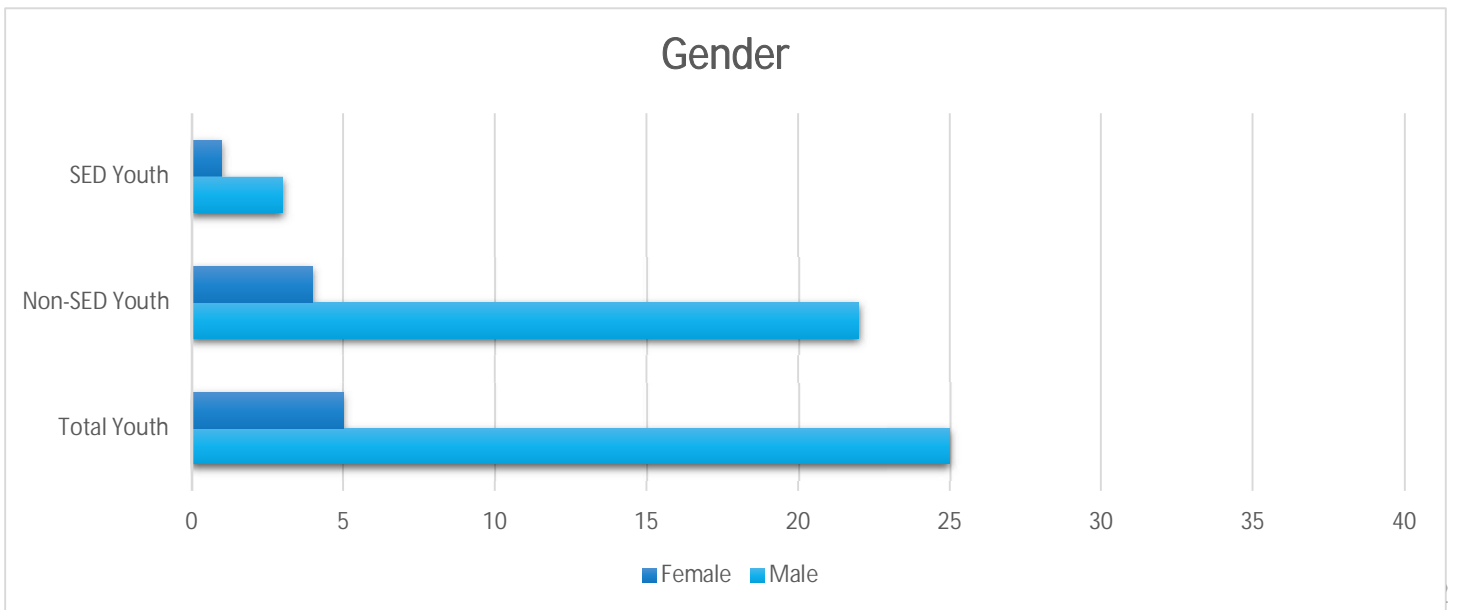
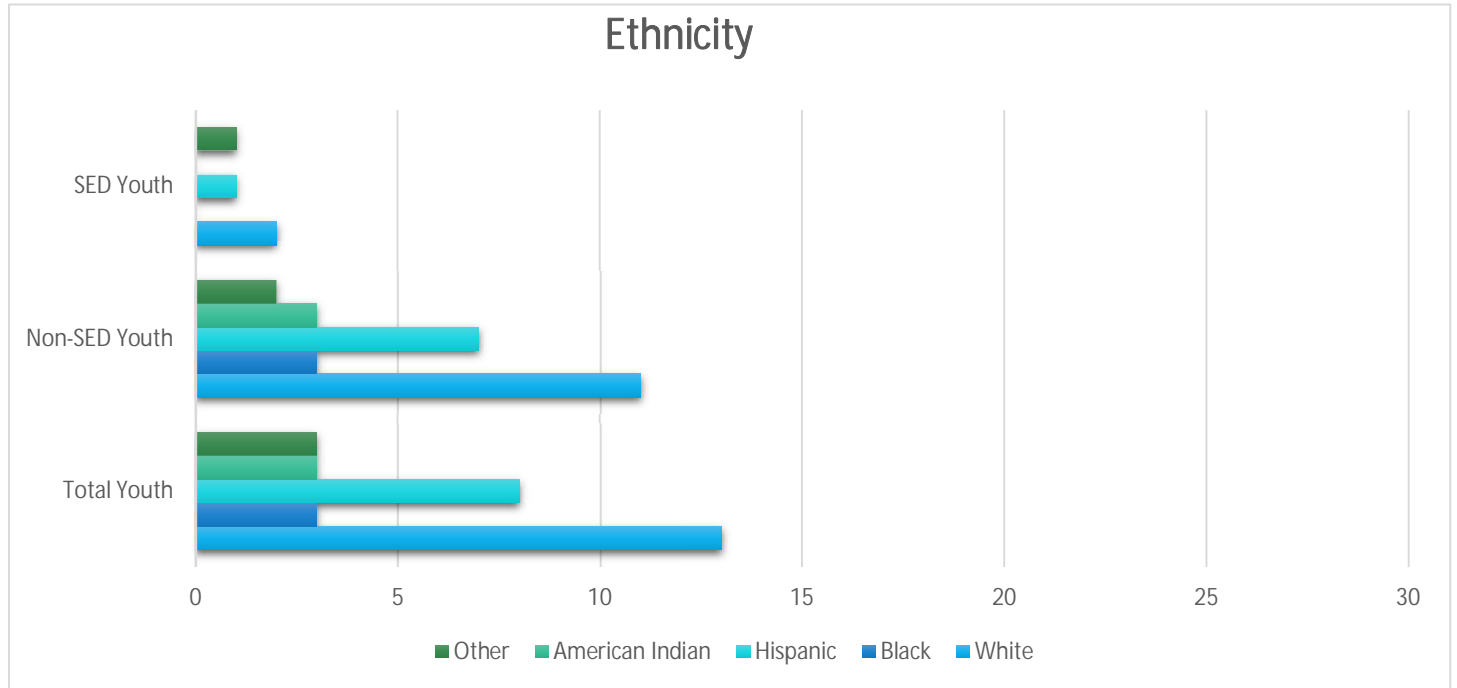
IDJC provides services to meet the needs of youth defined in individualized assessments and treatment plans. Specialized programs are used for juveniles with sex offending behavior, serious substance use disorders, mental health disorders, and

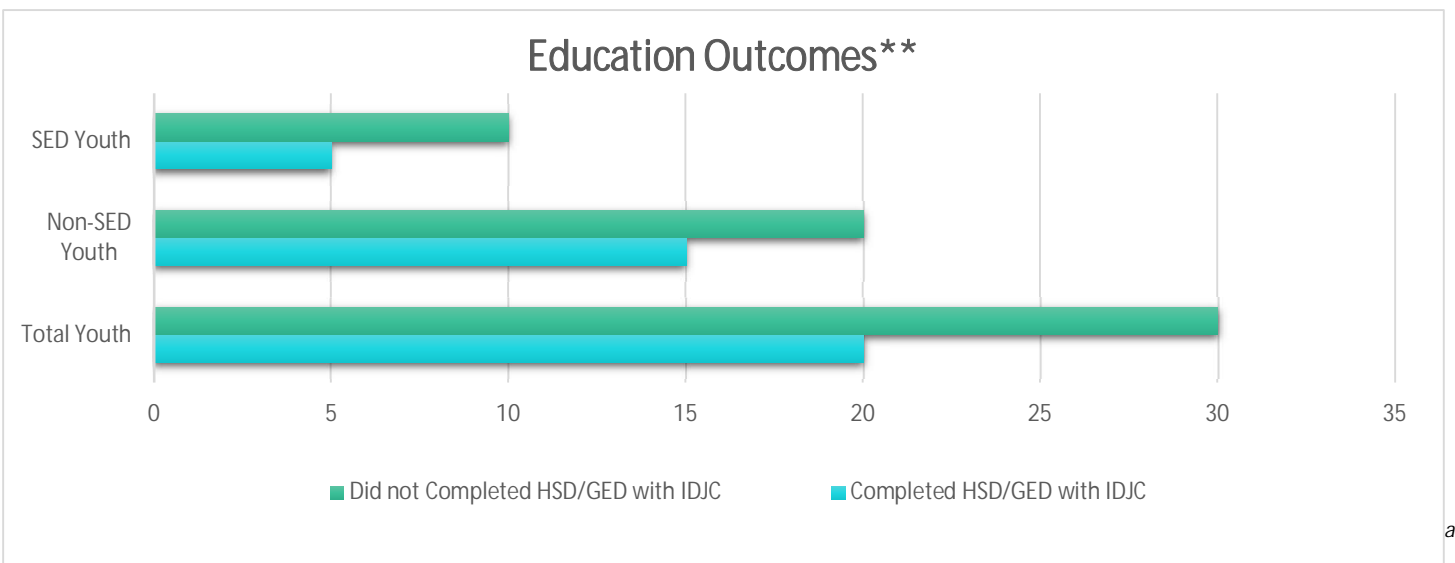
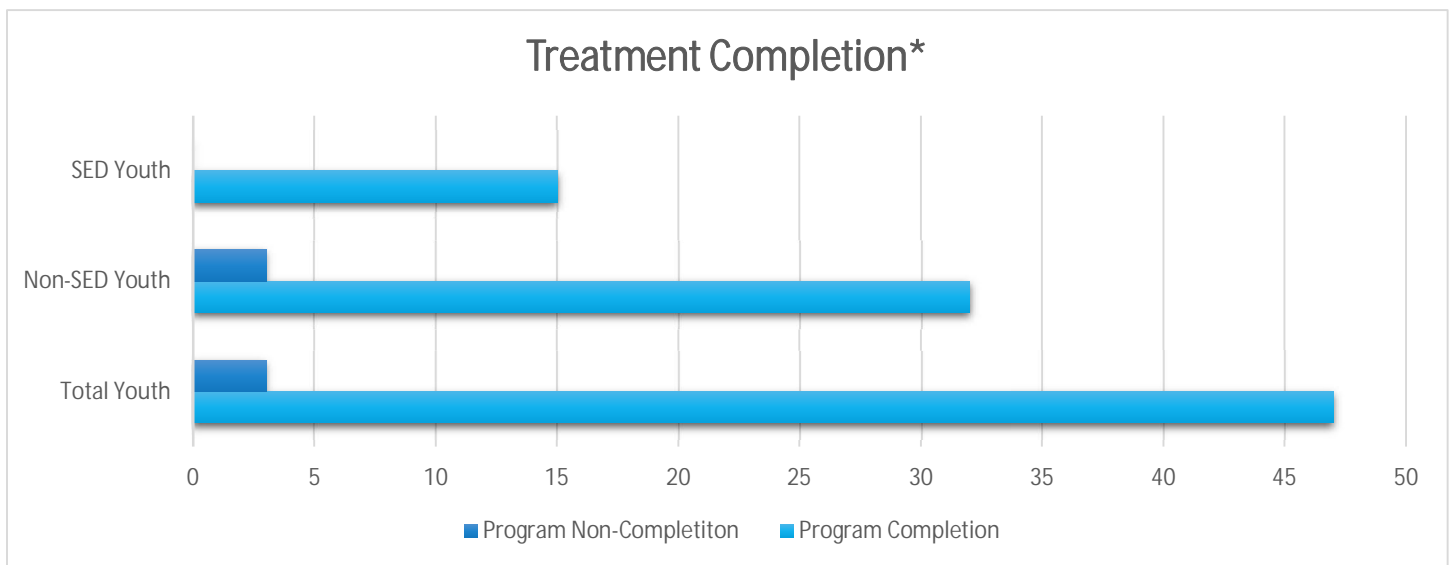
female offenders. All programs focus on youth's strengths and target reducing criminal behavior and thinking, in addition to decreasing the juvenile's risk to reoffend using a cognitive behavioral approach. The programs are evaluated by nationally accepted and recognized standards for the treatment of juvenile offenders. Other IDJC services include professional medical care, counseling, and education/vocational programs.

Once a youth has completed treatment and the risk to the community has been reduced, the juvenile is most likely to return to county probation. Each juvenile's return to the community is associated with a plan for reintegration that requires the juvenile and family to draw upon support and services from providers at the community level. Making this link back to the community is critical to the ultimate success of youth leaving state custody.

### 2022 IDJC First Quarter Report, Q2 report for QMIA

The graphs below compare ethnicity and gender between all youth committed to IDJC and SED youth committed to IDJC.





\*Defined as reduced risk to a 2 or a 1 (5-1 scale) on the Progress Assessment / Reclassification (PA/R) assessment.

\*\*Eligible juveniles are under 18 that did not complete their high school diploma (HSD) or General Education Development (GED) while attending the accredited school at

IDJC. Return to school data is obtained every 6 months from the State Department of Education and therefore only reported every other quarter.

## **State Department of Education (SDE)**

### **State Department of Education (SDE)**

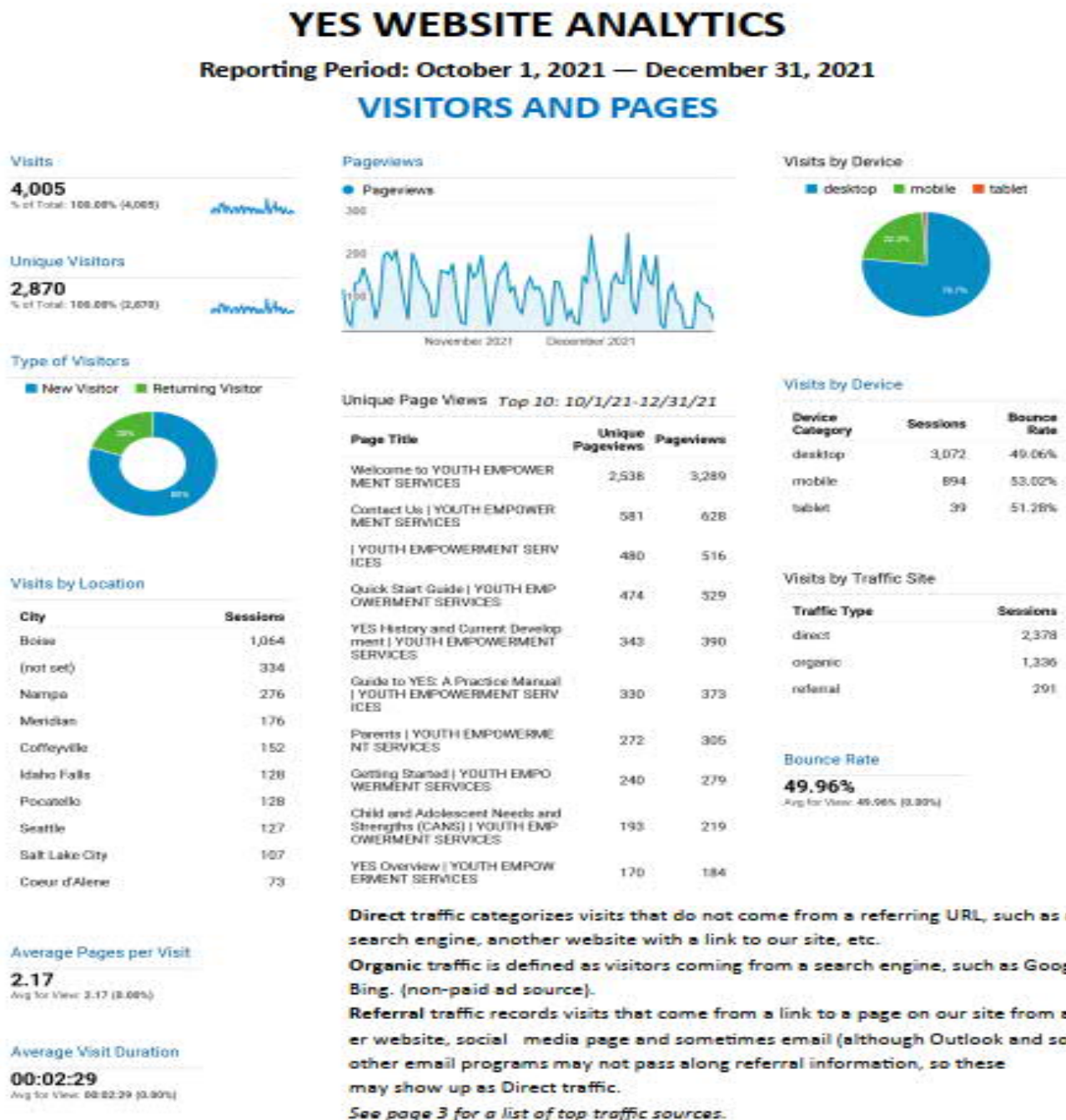
The SDE is working to support suicide prevention efforts across the state through the Idaho Lives Project. The Idaho Lives Project is implementing the Sources of Strength program in secondary and elementary schools and offers suicide prevention gatekeeper trainings to youth serving community organizations. Included in the September 2021 QMIA-Q was a summary of the 4<sup>th</sup> quarter Idaho Lives Project report, more information is available at

<https://www.sde.idaho.gov/student-engagement/ilp/>.

## 14 Supplemental Quality Data:

The Supplementary Section of the QMIA Report is assembled with information about children, youth, and families in Idaho and from data collected regarding the YES system of care. Data in the supplemental portion of the QMIA Quarterly includes YES website analytics, Medicaid service utilization rate, diagnoses at initial CANS, and children and youth, safety, school, and legal issues at initial assessment.

### YES Communications



**Direct traffic** categorizes visits that do not come from a referring URL, such as a search engine, another website with a link to our site, etc.

**Organic traffic** is defined as visitors coming from a search engine, such as Google or Bing. (non-paid ad source).

**Referral traffic** records visits that come from a link to a page on our site from another website, social media page and sometimes email (although Outlook and some other email programs may not pass along referral information, so these may show up as Direct traffic.

*See page 3 for a list of top traffic sources.*

# YES WEBSITE ANALYTICS

Reporting Period: October 1, 2021 — December 31, 2021

## TRAFFIC SOURCES AND FILES

### Most Engaging Traffic Sources

Source / Medium	Sessions	Pages / Session
(direct) / (none)	2,378	2.05
google / organic	1,094	2.34
bing / organic	167	2.33
idaholias.com / referral	60	2.88
idhw.webs.com / referral	43	2.00
baidu / organic	35	1.00
us10.campaign-archive.com / referral	32	3.75
yahoo / organic	32	1.97
mailchi.mp / referral	17	3.00
governmentjobs.com / referral	16	1.56

### File Downloads

Event Category	Unique Events
File Download	1,866
External Links	821

File Name	Downloads
1. <a href="#">Getting Started with YES</a>	385
2. <a href="#">YES 101</a>	223
3. <a href="#">Youth Crisis Safety Plan</a>	119
4. <a href="#">YES Practice Manual</a>	116
5. <a href="#">MH Checklist for Youth</a>	105
6. <a href="#">MH Crisis Definitions and Expectations</a>	101
7. <a href="#">MH Checklist for Families</a>	101
8. <a href="#">YES Overview trifold</a>	77
9. <a href="#">DHW CMH Office Map</a>	70
10. <a href="#">Getting Started Contacts</a>	40

### Document Download Data Note

Download numbers may appear low for documents posted mid-quarter to late-quarter, because there was less than a full quarter for visitors to review them. Documents posted in the past quarter should be marked accordingly.

### QMIA Reports

	Downloads
1. <a href="#">QMIA Quarterly</a> —September 2021	29
2. <a href="#">QMIA Quarterly</a> —July 2021	7
3. <a href="#">Rights and Resolutions</a> —Sept. 2021	2
4. <a href="#">Rights and Resolutions</a> —April 2021	1
5. <a href="#">Wins</a> —Q4 SFY 2021	3
6. <a href="#">Wins</a> —Q3 SFY 2021	2

## SEARCH

### Top Search Results for “Youth Empowerment Services”

#### Google

1. [YES | Home](#)
2. [Youth Empowerment Services > DHW Medicaid page](#)
3. [Youth Empowerment Services > Optum Idaho Provider FAQs](#)
4. [YES nonprofit—LinkedIn \(Unrelated program\)](#)
5. [YES nonprofit - Facebook \(unrelated program\)](#)

#### Bing

1. [YES | Home](#)
2. [Youth Empowerment Services > DHW Medicaid page](#)
3. [YES - Youth Getting Started page](#)
4. [Y.E.S. Career and Recovery Resources \(Unrelated program\)](#)
5. [YES Practice Manual \(via BPA Health site\)](#)

## External Links

### Most Clicked Links to Outside Sites and Resources

1. [Practice Manual E-book](#)
2. [DHW ICANS page](#)
3. [Find your Regional Office](#)
4. [DHW Idaho TCOM Institute page](#)
5. [185-300% of the Federal Poverty Guidelines \(ASPE\)](#)
6. [Children's Behavioral Health](#)
7. [What is the Practice Manual? \(Video\)](#)
8. [YES Quarterly Newsletter—October 2021 \(Mailchimp\)](#)
9. [DHW Idaho TCOM Institute page](#)
10. [CANS for Families \(Video\)](#)

## Medicaid Eligible Members

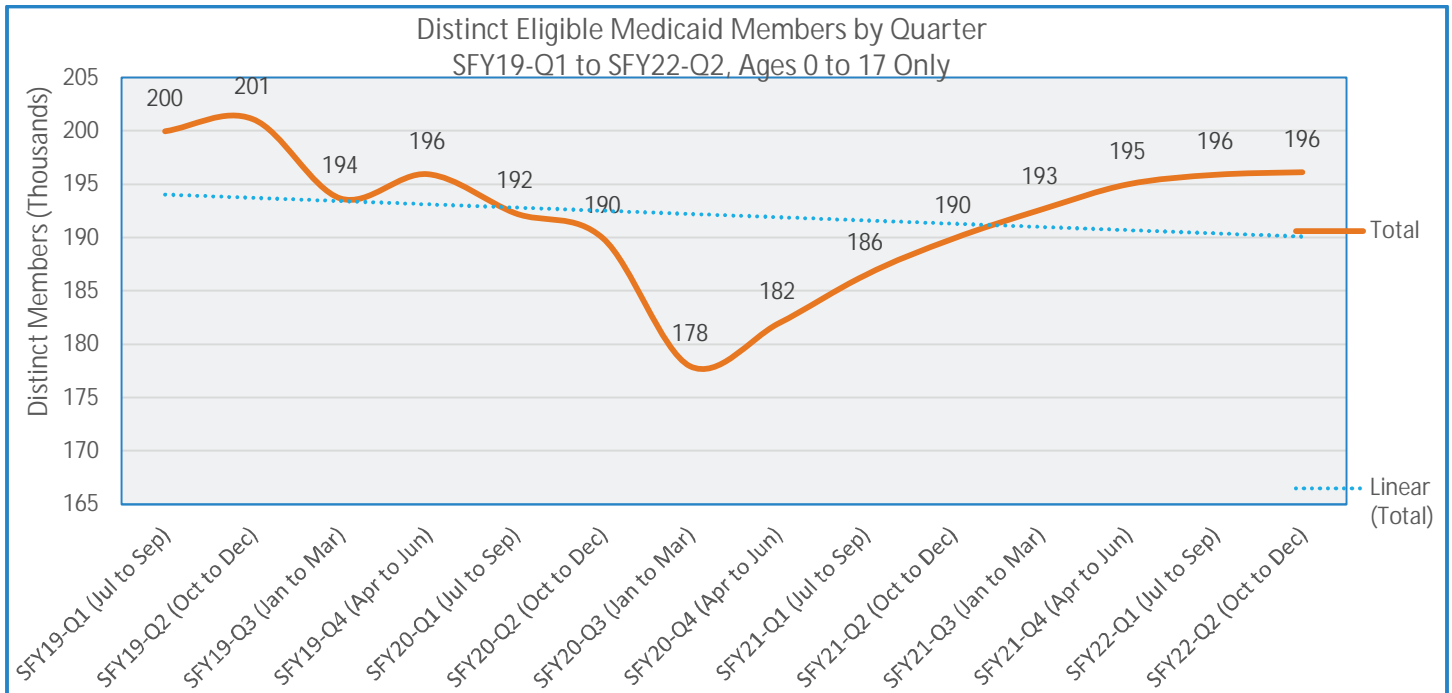
Medicaid eligible members (0-17) remains stable over the report time period (SFY19-Q1 to SFY22-Q2), with positive growth over the last four quarters across all regions. The most recent quarter increase of Total Members grew by 0.1% Quarter over Quarter (QoQ) (SFY21-Q4 to SFY22-Q2). Year over Year (YoY) (SFY21-Q1 to SFY22-Q2), membership saw an increase of 3.3%.

No region over the last four quarters has experienced a decrease in eligible members, except for Region 9.

QoQ (SFY21-Q4 to SFY22-Q2): 0.1%

YoY (SFY21-Q1 to SFY22-Q2): 3.3%

Region.	SFY19-Q1 (Jul to Sep)	SFY19-Q2 (Oct to Dec)	SFY19-Q3 (Jan to Mar)	SFY19-Q4 (Apr to Jun)	SFY20-Q1 (Jul to Sep)	SFY20-Q2 (Oct to Dec)	SFY20-Q3 (Jan to Mar)	SFY20-Q4 (Apr to Jun)	SFY21-Q1 (Jul to Sep)	SFY21-Q2 (Oct to Dec)	SFY21-Q3 (Jan to Mar)	SFY21-Q4 (Apr to Jun)	SFY22-Q1 (Jul to Sep)	SFY22-Q2 (Oct to Dec)
Region 1	22,931	23,250	22,440	22,745	22,395	22,105	20,690	21,258	21,885	22,474	22,915	23,270	23,402	23,789
Region 2	7,843	7,891	7,672	7,744	7,664	7,598	7,164	7,342	7,559	7,753	7,840	7,976	8,087	8,177
Region 3	43,144	43,535	41,630	42,147	41,102	40,726	38,000	38,884	39,809	40,666	41,229	41,754	42,005	42,232
Region 4	39,537	39,939	38,404	38,810	38,148	37,602	35,196	36,037	36,953	37,813	38,347	38,782	39,138	39,489
Region 5	27,294	27,580	26,653	27,044	26,512	26,347	24,628	25,220	25,904	26,529	26,942	27,249	27,430	27,679
Region 6	21,519	21,735	20,989	21,231	20,767	20,770	19,470	19,959	20,514	20,930	21,257	21,554	21,855	22,102
Region 7	29,386	29,669	28,642	29,094	28,774	28,610	26,825	27,318	28,200	28,801	29,379	30,004	30,427	30,848
Region 9/OOS	8,344	7,554	7,273	7,154	6,938	6,222	5,998	5,879	5,675	4,949	4,708	4,425	3,575	1,843
Total	199,998	201,153	193,703	195,969	192,300	189,980	177,971	181,897	186,499	189,915	192,617	195,014	195,919	196,159





## Utilization Rate - Percentage of Eligible Members Using Services

While data reveals variation in total members 0-17 eligible and utilizing services over the report time period (July 2018 to September 2021), It should also be noted that variation can be attributed to seasonality consistent with previous plan experience similar for each year.

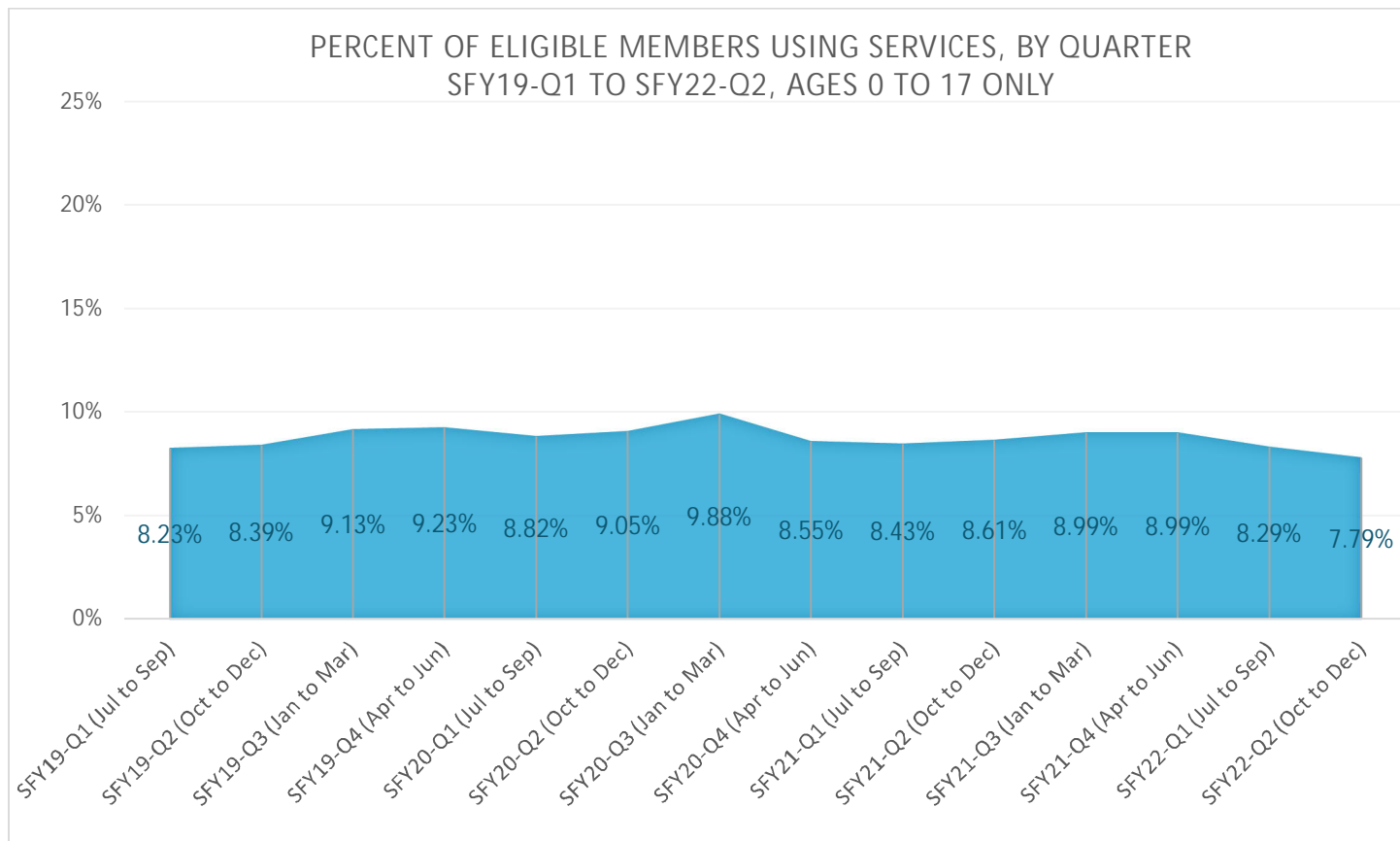
QoQ (SFY21-Q4 to SFY22-Q1): -9.4%

YoY (SFY21-Q1 to SFY22-Q1): -3.8%"

### Utilization Rate by Quarter - Ages 0 to 17 Only

Description: This table displays the number of service utilizers compared to number of Eligible members, by quarter, between 7/1/2018 to 9/30/2021 for utilizers/members between the ages of 0 to 17. Data as of 11/15/21.

Rate per thousand Medicaid members— total Medicaid members under 18 (includes Medicaid members that do not meet criteria for YES) . Data as of 1/24/22.

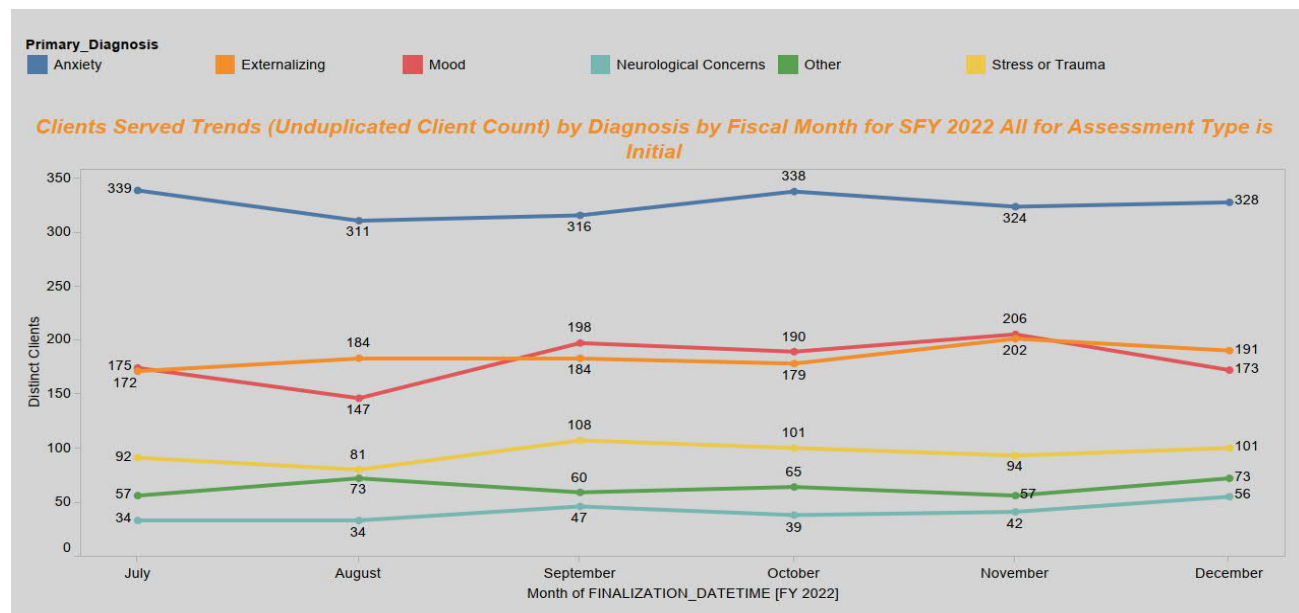


Qtr.	Total Utilizers per Quarter	Total Distinct Members per Quarter	Pct Utilizers	Rate per Thousand
SFY19-Q1 (Jul to Sep)	16,457	199,998	8.23%	82
SFY19-Q2 (Oct to Dec)	16,883	201,153	8.39%	84
SFY19-Q3 (Jan to Mar)	17,687	193,703	9.13%	91
SFY19-Q4 (Apr to Jun)	18,097	195,969	9.23%	92
SFY20-Q1 (Jul to Sep)	16,953	192,300	8.82%	88
SFY20-Q2 (Oct to Dec)	17,188	189,980	9.05%	90
SFY20-Q3 (Jan to Mar)	17,589	177,971	9.88%	99
SFY20-Q4 (Apr to Jun)	15,556	181,897	8.55%	86
SFY21-Q1 (Jul to Sep)	15,725	186,499	8.43%	84
SFY21-Q2 (Oct to Dec)	16,361	189,915	8.61%	86
SFY21-Q3 (Jan to Mar)	17,319	192,617	8.99%	90
SFY21-Q4 (Apr to Jun)	17,527	195,014	8.99%	90
SFY22-Q1 (Jul to Sep)	16,239	195,919	8.29%	83
SFY22-Q2 (Oct to Dec)	15,289	196,159	7.79%	78

## YES Profiles

## YES Diagnosis

**Chart 23: Diagnosis by month**



## Safe, in school and out of trouble?

### Safe

Are children safe? Based on the results of the initial CANS, the following are the ratings on Suicide Watch, Danger to others, Self-Mutilation, Self-Harm, Flight Risk. For SFY 2022 Q1 & Q2 , approximately 76% on average have no evidence of safety issues (score of zero on the CANS), 18% have some safety concerns noted (Score of 1 on the CANS), 6% have safety issues that are interfering with their functioning (Score of 2 on the CANS) , and 1% are having severe problems with safety issues (Score of 3 on the CANS).

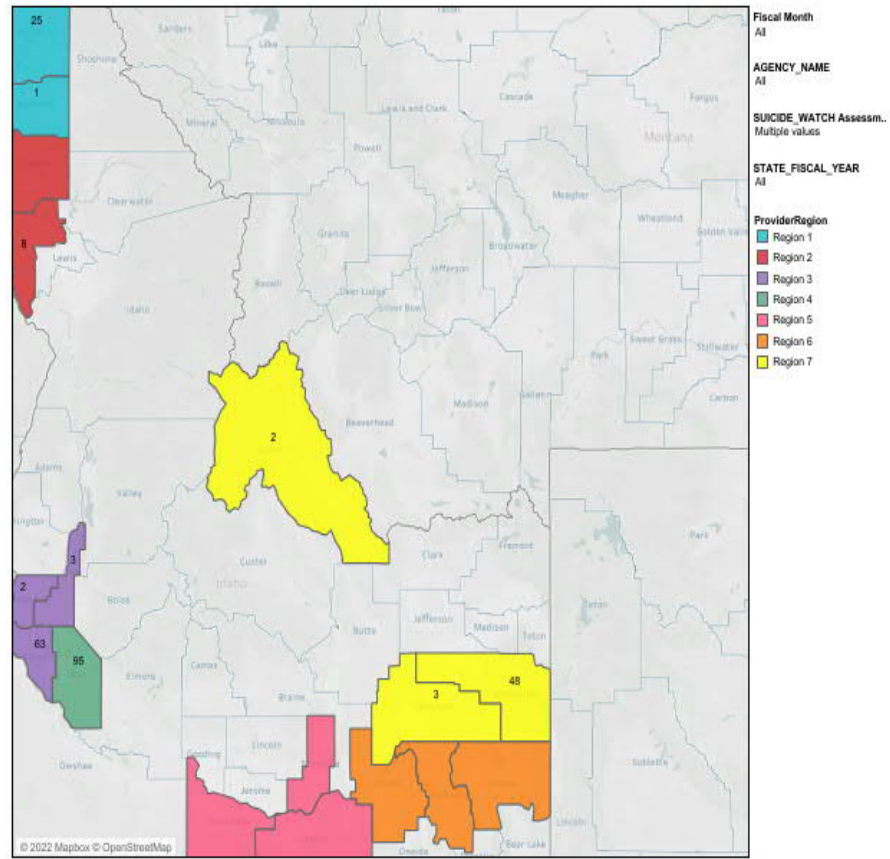
CMH CANS Clients (SAFE) for SFY 2022 Q1 and Q2						These Filters apply to full dashboard	
SUICIDE_WATCH						STATE_FISCAL_YEAR	
	0	1	2	3	Grand Total	All	
Suicide Watch	3,677	1,206	336	33	5,172	All	
% along SUICIDE_	71.09%	23.32%	6.50%	0.64%	100.00%	All	
DANGER_TO_OTHERS						Fiscal Month	
	0	1	2	3	Grand Total	All	
Distinct Clients	3,968	825	407	48	5,172	All	
% along DANGER_T_	76.72%	15.95%	7.87%	0.89%	100.00%	All	
SELF_MUTILATION						Agency Name	
	0	1	2	3	Grand Total	All	
Distinct Clients	3,756	1,066	405	20	5,172	All	
% along SELF_MUTILA	72.62%	20.61%	7.83%	0.39%	100.00%	All	
SELF_HARM						Race/Ethnicity	
	0	1	2	3	Grand Total	All	
Distinct Clients	4,111	778	327	38	5,172	All	
% along SELF_HARM	79.49%	15.04%	6.32%	0.73%	100.00%	All	
FLIGHT_RISK						AGE	
	0	1	2	3	Grand Total	All	
Distinct Clients	4,287	722	185	40	5,172	All	
% along FLIGHT_RISK	82.89%	13.96%	3.58%	0.77%	100.00%	All	

Locations of children and youth with higher risk of safety issues by county for SFY 2022, Q1 and Q2:

SAFE/Suicide Watch Assessment (Score 2 and 3) for SFY 2022 Q1 and Q2

Suicide Watch Domain  
with assessment  
score 2 and 3

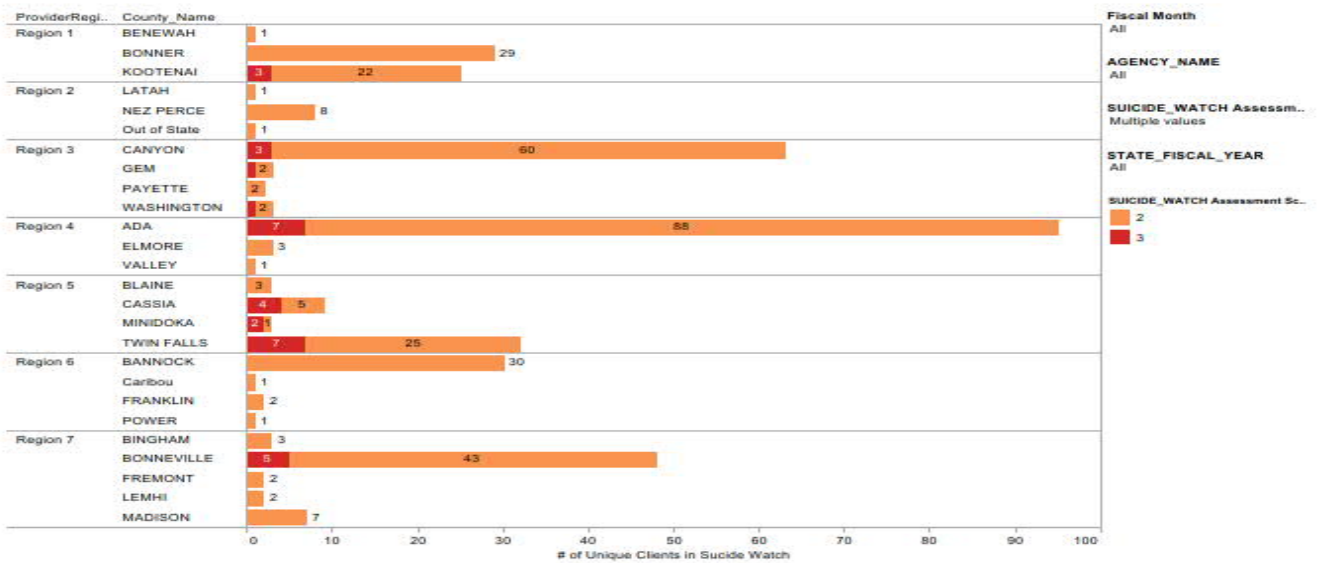
Suicide Watch Domain  
with assessment  
score 2 and 3 With re..

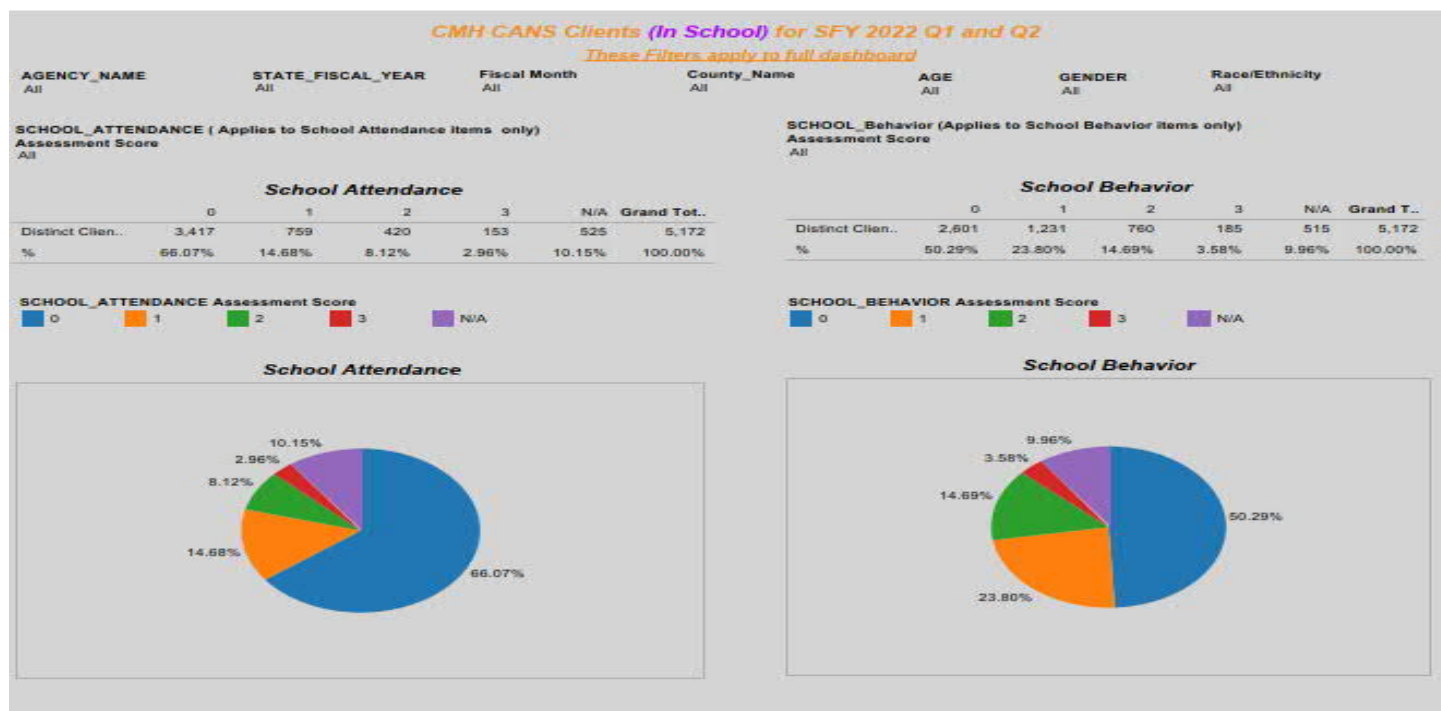


SAFE/Suicide Watch Assessment (Score 2 and 3) for SFY 2022 Q1 and Q2

Suicide Watch Domain  
with assessment  
score 2 and 3

Suicide Watch Domain  
with assessment  
score 2 and 3 With re..



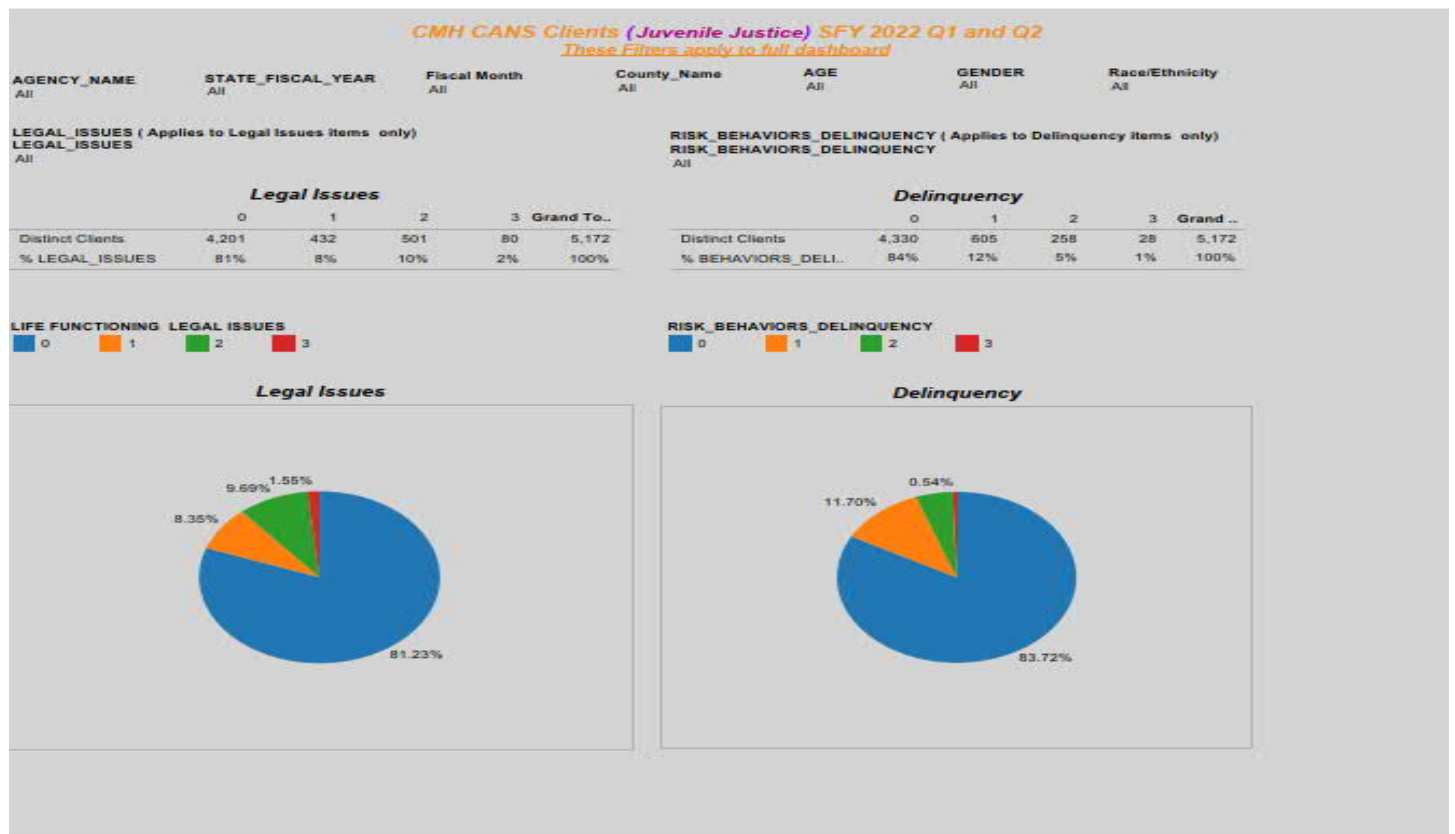


### What is School Behavior?

This item on the CANS rates the behavior of the individual in school or school-like settings (e.g., Head Start, pre-school). A rating of '3' would indicate an individual who is still having problems after special efforts have been made (e.g., problems in a special education class).

#### Questions to Consider

- How is the individual behaving in school?
- Has the individual had any detentions or suspensions?
- Has the individual needed to go to an alternative placement?
- What do these behaviors look like?
- Is it consistent among all subjects/classes?
- How long has it been going on?
- How long has the individual been in the school?



# Appendix A: Glossary- updated Sept 2021

<b>Child and Adolescent Needs and Strengths (CANS)</b>	A tool used in the assessment process that provides a measure of a child's or youth's needs and strengths.
<b>Class Member</b>	Idaho residents with serious emotional disturbance (SED) who are under the age of 18, have a diagnosable mental health condition, and have a substantial functional impairment.
<b>Distinct Number of Clients</b>	Child or youth is counted once within the column or row but may not be unduplicated across the regions or entities in the table.
<b>EPSDT</b>	Early and Periodic Screening, Diagnostic and Treatment (EPSDT), which is now referred to as Children's Medicaid, provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, developmental, and specialty services. (National website Medicaid.gov).
<b>IEP</b>	The Individualized Education Plan (IEP) is a written document that spells out a child or youth's learning needs, the services the school will provide, and how progress will be measured.
<b>Intensive Care Coordination (ICC)</b>	A case management service that provides a consistent single point of management, coordination, and oversight for ensuring that children who need this level of care are provided access to medically necessary services and that such services are coordinated and delivered consistent with the Principles of Care and Practice Model.
<b>Jeff D. Class Action Lawsuit Settlement Agreement</b>	The Settlement Agreement that ultimately will lead to a public children's mental health system of care (SoC) that is community-based, easily accessed and family-driven and operates other features consistent with the System of Care Values and Principles.
<b>QMIA</b>	A quality management, improvement, and accountability program.
<b>Serious Emotional Disturbance (SED)</b>	The mental, behavioral, or emotional disorder that causes functional impairment and limits the child's functioning in family, school, or community activities. This impairment interferes with how the youth or child needs to grow and change on the path to adulthood, including the ability to achieve or maintain age-appropriate social, behavioral, cognitive, or communication skills.
<b>SFY</b>	The acronym for State Fiscal Year, which is July 1 to June 30 of each year.
<b>SFYTD</b>	The acronym for State Fiscal Year to Date.
<b>System of Care</b>	An organizational philosophy and framework that involves collaboration across agencies, families, and youth for improving services and access, and expanding the array of coordinated community-based, culturally, and linguistically competent services and supports for children.
<b>TCOM</b>	The Transformational Collaborative Outcomes Management (TCOM) approach is grounded in the concept that the different agencies that serve children all have their own perspectives, and these different perspectives create conflicts. The tensions that result from these conflicts are best managed by keeping a focus on common objectives — a shared vision. In human service enterprises, the shared vision is the person (or people served). In health care, the shared vision is the patient; in the child serving system, it is the child and family, and so forth. By creating systems that all return to this shared vision, it is easier to create and manage effective and equitable systems.
<b>Unduplicated Number of Clients</b>	Child or youth is counted only once in the column or row
<b>Youth Empowerment Services (YES)</b>	The name chosen by youth groups in Idaho for the new System of Care that will result from the Children's Mental Health Reform Project.
<b>Other YES Definitions</b>	<p>System of Care terms to know:  <a href="https://yes.idaho.gov/youth-empowerment-services/resources/terms-to-know/yes-system-of-care-terms-to-know/">https://yes.idaho.gov/youth-empowerment-services/resources/terms-to-know/yes-system-of-care-terms-to-know/</a></p> <p>YES Project Terms to know:  <a href="https://yes.idaho.gov/youth-empowerment-services/resources/terms-to-know/yes-project-terms-to-know/">https://yes.idaho.gov/youth-empowerment-services/resources/terms-to-know/yes-project-terms-to-know/</a></p>



## Appendix B –Annual estimation

### Annual Estimated Number of Potential Class Members Dec, 2021

Table 1: QMIA Council Method for Estimating YES (revised 12/10/2021)

	Type of insurance				
	Employer	Non-Group	Medicaid	Uninsured	Total
Insured rate based on 2020 Census	50.7%	5%	34.9%	7.1%	97.7%*
Population	240,100	23,800	165,300	33,800	473,400
Estimated prevalence	6%	6%	8%	11.9%	
Estimated need	14,406	1,428	13,224	4,022	
Adjust for expected need of Publicly Funded services	15%-18%	15%-18%	NA	NA	
Lower estimate	2,375 = 15%		13,224	4,022	19,621
Higher estimate	2,850 = 18%		13,224	4,022	20,112

*\*Note: Census data did not add up to 100%, however the choice was to use the percentage values recommended in the report rather than try to adjust based on assumptions.*

### Definitions of Insurance:

**Employer:** Includes those covered by employer-sponsored coverage either through their own job or as a dependent in the same household.

**Non-Group:** Includes individuals and families that purchased or are covered as a dependent by non-group insurance.

**Medicaid:** Includes those covered by Medicaid, Medical Assistance, Children's Health Insurance Plan (CHIP) or any kind of government-assistance plan for those with low incomes or a disability, as well as those who have both Medicaid and another type of coverage, such as dual eligibles who are also covered by Medicare.

**Uninsured:** Includes those without health insurance and those who have coverage under the Indian Health Service only

Estimated range:

YES Eligible lower (Medicaid plus 15%) = 13,240 +4,022+ 2,375 = 19,621

YES Eligible higher (Medicaid plus 18%) = 13,240+ 4,022+ 2850 = 20,112

Population numbers:

[https://www.kff.org/other/state-indicator/health-insurance-coverage-of-children-0-18-cps/?dataView=1&currentTimeframe=0&selectedRows=%7B"states":%7B"idaho":%7B%7D%7D%7D&sortModel=%7B"colId":%7B"Location", "sort":%7B"asc"%7D](https://www.kff.org/other/state-indicator/health-insurance-coverage-of-children-0-18-cps/?dataView=1&currentTimeframe=0&selectedRows=%7B)

Prevalence rates:

Medicaid : <https://yes.idaho.gov/youth-empowerment-services/about-yes/yes-history/?target=7>

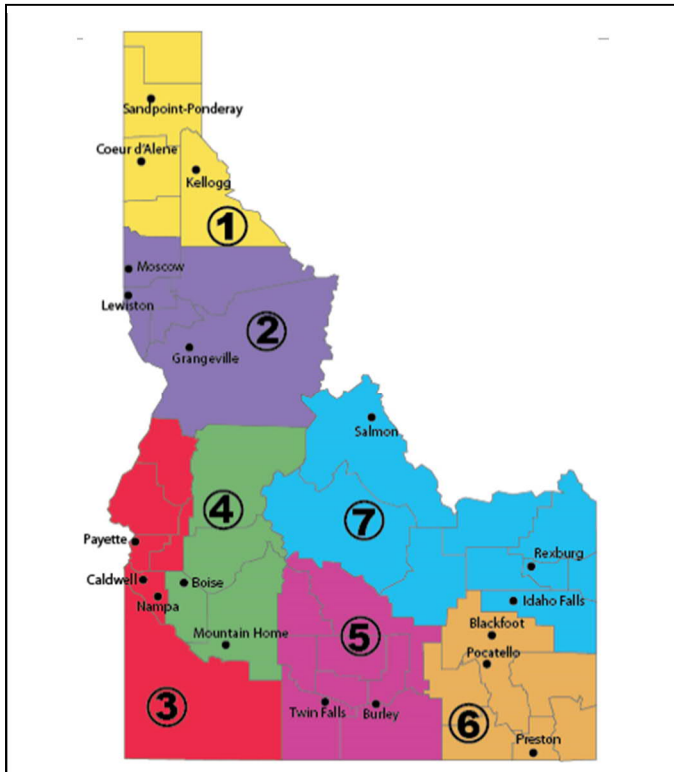
Poverty prevalence: [http://www.nccp.org/profiles/ID\\_profile\\_6.html](http://www.nccp.org/profiles/ID_profile_6.html)

Private insurance:<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2805472/>

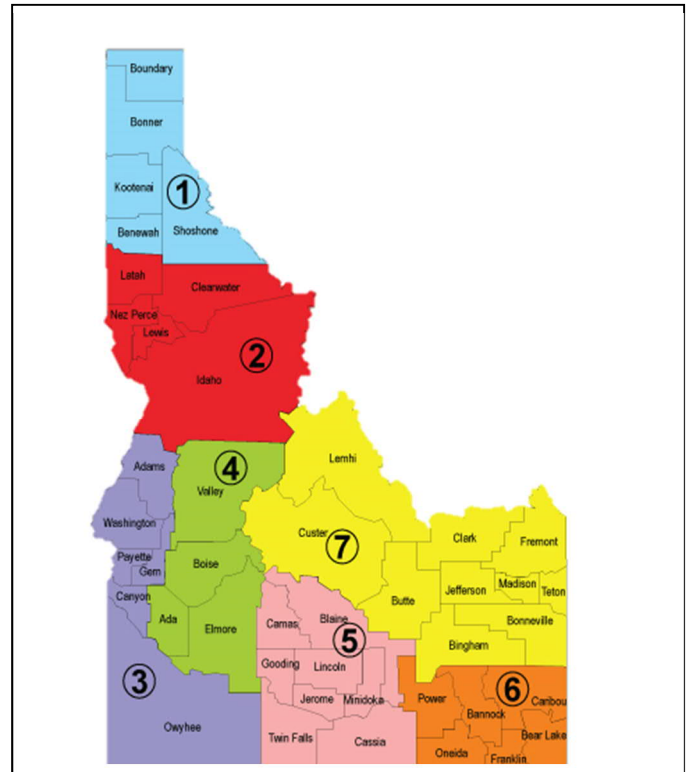


# Appendix C- Regional Maps

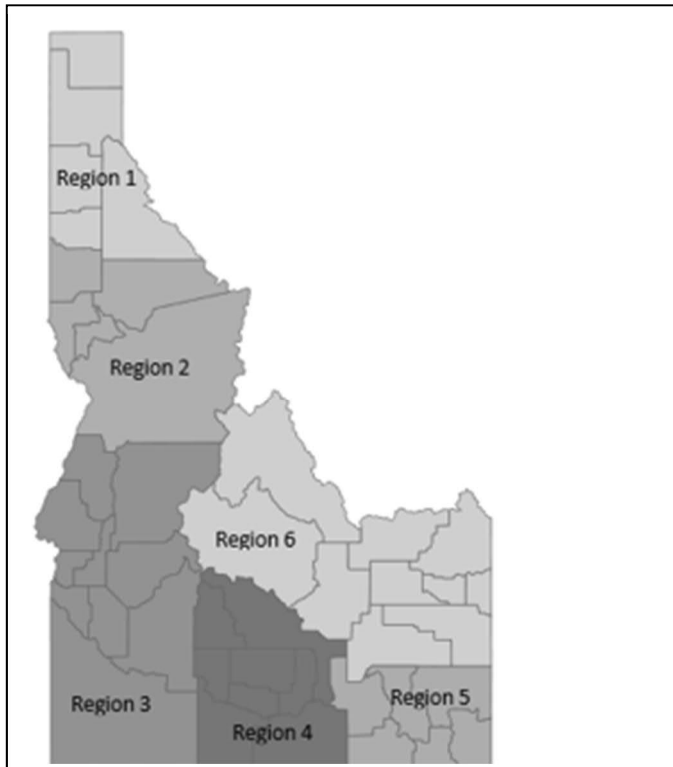
Idaho Department of Health and Welfare: Medicaid,



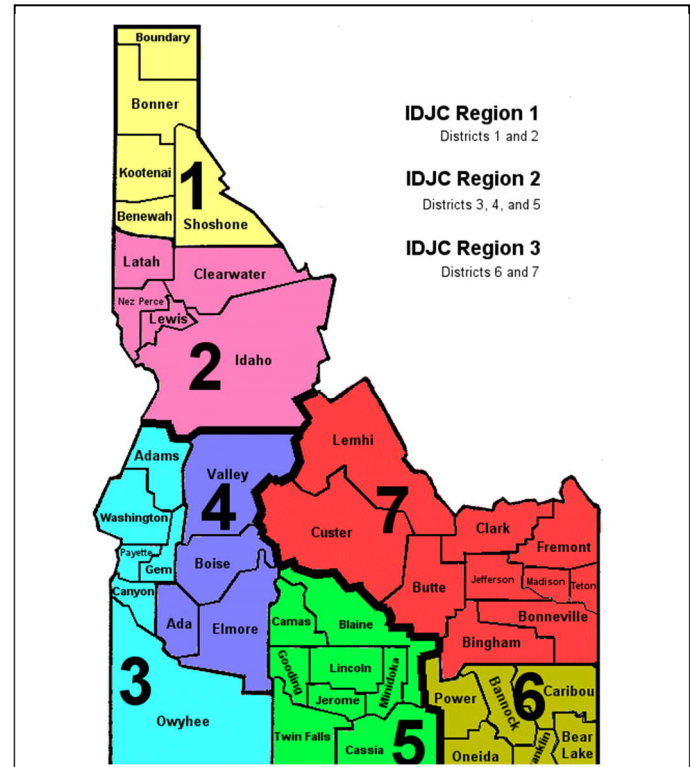
Idaho Department of Health and Welfare: DBH



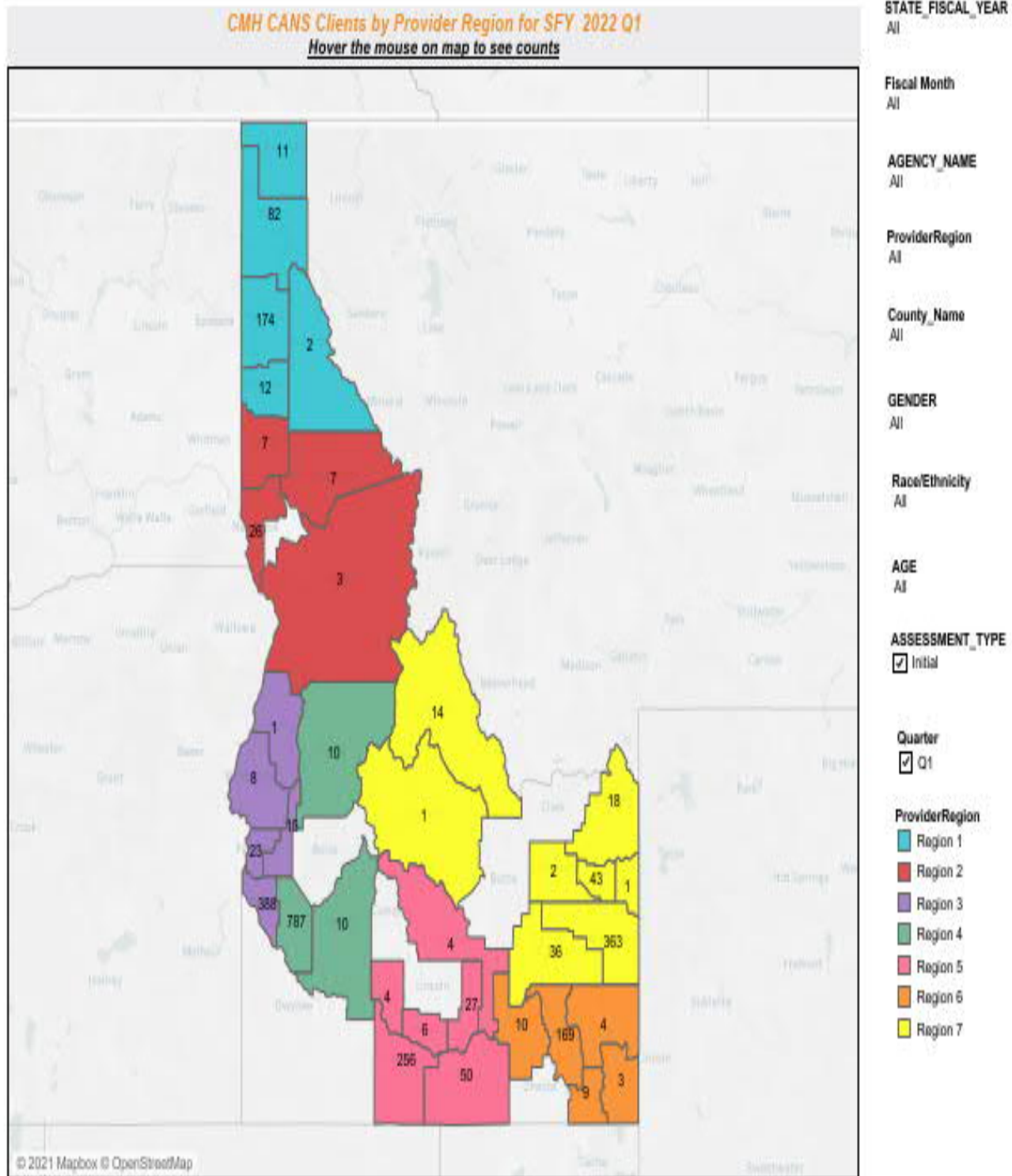
Idaho State Department of Education



Idaho Department of Juvenile Corrections



# Appendix D- CANS Assessment by County for SFY 2021



The following table shows the comparison between the number of initial CANS completed in SFY 2021 in each county. In addition to the 7 counties in which there were no CANS in SFY 2021, there were still several counties (6) with less than .0.50% penetration: Blaine, Idaho, Jefferson, Jerome, Lewis, and Washington. The counties with the highest rate of CANS completions (over 3.00% penetration) are: Bonner (Region 1), Twin Falls (Region 5), and Bonneville (Region 7).

*Table – Historical SFY 2021 Initial CANS (colors below match to map above)*

Region/COUNTY	CANS	Population	Penetration rate	Region/COUNTY	CANS	Population	Penetration rate
Region 1				Region 5			
Benewah	41	2,113	1.94%	Blaine	13	5,138	0.25%
Boundary	27	2,776	0.97%	Camas	0	277	0
Bonner	319	9,247	3.45%	Cassia	155	7,671	2.02%
Kootenai	992	38,656	2.57%	Gooding	29	4,913	0.59%
Shoshone	21	2,737	0.77%	Jerome	35	7,554	0.46%
				Lincoln	0	1,562	0
Region 2				Minidoka	99	5,931	1.67%
Clearwater	16	1,488	1.08%	Twin Falls	1015	24,114	4.21%
Idaho	11	3,308	0.33%				
Latah	41	7,785	0.53%	Region 6			
Lewis	2	855	0.23%	Bannock	655	23,615	2.77%
Nez Perce	184	8,581	2.14%	Bear Lake	23	1,625	1.42%
				Caribou	38	2,038	1.86%
Region 3				Franklin	49	4,530	1.08%
Adams	6	794	0.76%	Oneida	8	1,313	0.61%
Canyon	1491	67,475	2.21%	Power	22	2,498	0.88%
Gem	86	4,153	2.07%				
Owyhee	0	3,075	0	Region 7 (yellow section of Map)			
Payette	147	6,350	2.31%	Bingham	150	14,445	1.04%
Washington	10	2,352	0.43%	Bonneville County	1896	37,498	5.06%
				Butte County	0	632	0
Region 4				Clark County	0	182	0
Ada	2,906	118,078	2.46%	Custer County	19	789	2.41%
Boise	0	1,384	0	Fremont County	53	3,411	1.55%
Elmore	102	7,185	1.42%	Jefferson County	17	10,680	0.16%
Valley	47	2,124	2.21%	Lemhi County	30	1,526	1.97%
				Madison County	214	10,536	2.03%
				Teton County	0	2,964	0

## Appendix E- Medicaid Members by Quarter

Region.	SFY19-Q1 (Jul to Sep)	SFY19-Q2 (Oct to Dec)	SFY19-Q3 (Jan to Mar)	SFY19-Q4 (Apr to Jun)	SFY20-Q1 (Jul to Sep)	SFY20-Q2 (Oct to Dec)	SFY20-Q3 (Jan to Mar)	SFY20-Q4 (Apr to Jun)	SFY21-Q1 (Jul to Sep)	SFY21-Q2 (Oct to Dec)	SFY21-Q3 (Jan to Mar)	SFY21-Q4 (Apr to Jun)	SFY22-Q1 (Jul to Sep)
1	22,969	23,293	22,467	22,771	22,437	22,161	20,746	21,341	21,968	22,566	22,998	23,373	23,459
2	7,845	7,897	7,671	7,747	7,657	7,593	7,150	7,328	7,547	7,734	7,835	7,981	8,072
3	43,178	43,586	41,660	42,175	41,132	40,778	38,053	38,951	39,893	40,759	41,314	41,839	42,066
4	39,597	39,991	38,480	38,897	38,235	37,721	35,313	36,168	37,084	37,968	38,539	38,989	39,292
5	27,319	27,621	26,690	27,086	26,540	26,374	24,645	25,236	25,935	26,577	26,997	27,327	27,459
6	21,529	21,757	20,995	21,243	20,788	20,800	19,530	20,014	20,576	20,985	21,326	21,625	21,894
7	29,418	29,690	28,671	29,132	28,828	28,661	26,882	27,385	28,283	28,899	29,505	30,122	30,505
OOS	8,088	7,292	7,000	6,853	6,614	5,885	5,609	5,422	5,161	4,377	4,057	3,651	2,668
<b>Total</b>	<b>199,943</b>	<b>201,127</b>	<b>193,634</b>	<b>195,904</b>	<b>192,231</b>	<b>189,973</b>	<b>177,928</b>	<b>181,845</b>	<b>186,447</b>	<b>189,865</b>	<b>192,571</b>	<b>194,907</b>	<b>195,415</b>

